

11226

STEVEN LABEL

City of Santa Fe Springs Fire Department
Fire Protection Division - Environmental Protection Division
11300 Greenstone Avenue, Santa Fe Springs, CA 90670-4619
(562) 944-9713 FAX (562) 941-1817 fire@santafesprings.org

INVOICE

STEVEN LABEL CORP
PO BOX 3688
SANTA FE SPRINGS CA 90670

Amount Paid: \$1459.-
Check No.: 93590
Date: 12-20-05
Comments:

Period Covered: 07/01/2005-06/30/2006
Permit No. 600281
Today's Date: 12/05/2006
Payment Due Date: 01/05/2006

A PENALTY WILL BE ASSESSED FOR
TOTAL FEES NOT RECEIVED BY THE DUE
DATE ABOVE



For Facility Located at:

11926 BURKE
SANTA FE SPRINGS, CA 90670

CUPA PROGRAM ELEMENTS	
Hazardous Materials Fee	\$230.00
Hazardous Materials Volume Fee	\$0.00
Hazardous Waste Generator Fee	\$865.00
Tier Permit Fee	\$0.00
Underground Storage Tank Fee	\$0.00
CalARP Fee	\$0.00
Aboveground Storage Tanks	\$0.00
STATE SERVICE FEES	
Underground Storage Tank Service Fee <input type="checkbox"/> (Exempt)	\$0.00
CalARP Service Fee <input type="checkbox"/> (Exempt)	\$0.00
Program Oversight Fee <input type="checkbox"/> (Exempt)	\$24.00
OTHER	
Industrial Waste Permit Fee	\$285.00
Rain Diversion Fee	\$0.00
Fire Permit Fee	\$0.00
Stormwater Fee	\$55.00

This fee is due and payable upon receipt. Please indicate the permit number 600281 on your check. Make check payable to 'CITY OF SANTA FE SPRINGS' and remit to:

City of Santa Fe Springs Fire Department
11300 Greenstone Avenue
Santa Fe Springs, CA 90670

Above Total: \$1,459.00
Late Fee: \$0.00
Amount Paid: \$0.00
TOTAL AMOUNT DUE: \$1,459.00

PLEASE RETURN
FORM BEFORE
Jan. 5, 2006



City of Santa Fe Springs

Fire Department

11300 Greenstone Ave. • CA • 90670-4619 • (562) 944-9713 • Fax (562) 941-1817 • www.santafesprings.org

2005/2006 Annual Unified Program Certification

CHECK THE APPROPRIATE BOXES AND SIGN THE FORM BELOW

Dear Business Owner:

In addition to other notification and update requirements, Chapter 6.95 of the California Health and Safety Code requires your Hazardous Materials Business Plan (HMBP) to be reviewed and updated **annually**. If you have marked the box that indicates no changes have been made, this form will serve as your 2004/2005 official update (Title 19, Section 2729 requirements allow a certification statement to be used if no changes have been made to the business' hazardous materials inventory [HMBP]).

☐ **CHANGES HAVE BEEN MADE:**

YOU MUST SUBMIT UPDATED FORMS WITH THIS CERTIFICATION STATEMENT. IF YOU NEED FORMS, PLEASE CONTACT THIS OFFICE AT (562) 944-9713 OR E-MAIL barbarachapman@santafesprings.org

- ☐ **Emergency Contacts** – These are the two main contacts and their emergency phone numbers that the Fire Department will use in the event of an emergency.
- ☐ **Chemical Inventory** – The types and/or quantities of chemicals, hazardous liquids, solids, compressed gases, or waste have been changed.
- ☐ **Facility Plot Plan** – This is the diagram of your facility, which indicates the storage and use location of all the hazardous materials listed in the inventory.

☒ **NO CHANGES HAVE BEEN MADE**

☒ OUR BUSINESS HAS PREVIOUSLY FILED THE HAZARDOUS MATERIALS INVENTORY PURSUANT TO SECTION 2729.2 AND 2729.3 REQUIREMENTS AND **NO CHANGES HAVE BEEN MADE** (all items must be correct):

- 1) The information contained in the hazardous materials inventory most recently submitted to the CUPA is complete, accurate, and up to date.
- 2) There has been no change in the quantity of hazardous material as reported in the most recently submitted inventory.
- 3) No hazardous materials subject to inventory requirements are being handled are not listed on the most recently submitted inventory.

I certify under penalty of law that our business has reviewed the current hazardous materials inventory on file with the Santa Fe Springs Fire Department and certify the submitted information is true, accurate and complete. We have also reviewed our Business Emergency Plan and certify that is up to date and accurate.

NOTE: Businesses that use the HMBP to satisfy EPCRA reporting requirements may not use a certification statement – it is not recognized under federal law. These businesses must annually resubmit their inventory.

STEVEN LABEL CORP.

Business Name

LANE McCONNIS

Print Name of Owner/Operator

11926 BURKE ST.

Facility Address

Signature of Owner/Operator

Date

City of Santa Fe Springs Fire Department
Fire Protection Division - Environmental Protection Division
11300 Greenstone Avenue, Santa Fe Springs, CA 90670-4619
(562) 944-9713 FAX (562) 941-1817 fire@santafesprings.org

INVOICE

STEVEN LABEL CORP
PO BOX 3688
SANTA FE SPRINGS CA 90670



Amount Paid: \$1459-
Check No.: 089994
Date: 12/10/04
Comments:

Period Covered: 07/01/2004-06/30/2005
Permit No: 600281
Today's Date: 11/18/2004
Payment Due Date: 12/18/2004

For Facility Located at:

11926 BURKE
SANTA FE SPRINGS, CA 90670

A PENALTY WILL BE ASSESSED FOR
TOTAL FEES NOT RECEIVED BY THE DUE
DATE ABOVE

CUPA PROGRAM ELEMENTS		
Hazardous Materials Fee		\$230.00
Hazardous Materials Volume Fee		\$0.00
Hazardous Waste Generator Fee		\$865.00
Tier Permit Fee		\$0.00
Underground Storage Tank Fee		\$0.00
CalARP Fee		\$0.00
Aboveground Storage Tanks		\$0.00
STATE SERVICE FEES		
Underground Storage Tank Service Fee	<input type="checkbox"/> (Exempt)	\$0.00
CalARP Service Fee	<input type="checkbox"/> (Exempt)	\$0.00
Program Oversight Fee	<input type="checkbox"/> (Exempt)	\$24.00
OTHER		
Industrial Waste Permit Fee		\$285.00
Rain Diversion Fee		\$0.00
Fire Permit Fee		\$0.00
Stormwater Fee		\$55.00

This fee is due and payable upon receipt. Please indicate the permit number 600281 on your check. Make check payable to 'CITY OF SANTA FE SPRINGS' and remit to:

City of Santa Fe Springs Fire Department
11300 Greenstone Avenue
Santa Fe Springs, CA 90670

Above Total: \$1,459.00

Late Fee: \$0.00

Amount Paid: \$0.00

TOTAL AMOUNT DUE: \$1,459.00

PLEASE RETURN ALL
FORMS BEFORE
JAN. 18, 2005



City of Santa Fe Springs

Headquarters Fire Station

11300 Greenstone Ave. • CA • 90670-4619 • (562) 944-9713 • Fax (562) 941-1817 • www.santafesprings.org

2004/2005 Annual Unified Program Certification

Dear Business Owner:

In addition to other notification and update requirements, Chapter 6.95 of the California Health and Safety Code requires your Hazardous Materials Business Plan (HMBP) to be reviewed and updated **annually**. Please indicate whether or not changes have been made by marking the appropriate box below. If you have marked the box that indicates no changes have been made, this form will serve as your 2004/2005 official update (Title 19, Section 2729 requirements allow a certification statement to be used if no changes have been made to the business' hazardous materials inventory [HMBP]). If changes to the HMBP have been made, submit this form along with updated pages reflecting those changes to the Fire Department by January 18, 2005.

☐ **CHANGES HAVE BEEN MADE:**

YOU MUST SUBMIT UPDATED FORMS WITH THIS CERTIFICATION STATEMENT. IF YOU NEED FORMS, PLEASE CONTACT THIS OFFICE AT (562) 944-9713 OR E-MAIL ruhlslusher@santafesprings.org

- ☐ **Emergency Contacts** – These are the two main contacts and their emergency phone numbers that the Fire Department will use in the event of an emergency. Submit revised **BUSINESS OWNER/OPERATOR IDENTIFICATION** form
- ☐ **Chemical Inventory** – The types and/or quantities of chemicals, hazardous liquids, solids, compressed gases, or waste have been changed. Submit revised **HAZARDOUS MATERIALS INVENTORY- CHEMICAL DESCRIPTION** form
- ☐ **Facility Plot Plan** – This is the diagram of your facility, which indicates the storage and use location of all the hazardous materials listed in the inventory.
- ☐ **Consolidated Contingency Plan**

☒ **NO CHANGES HAVE BEEN MADE**

OUR BUSINESS HAS PREVIOUSLY FILED THE HAZARDOUS MATERIALS INVENTORY PURSUANT TO SECTION 2729.2 AND 2729.3 OF TITLE 19 REQUIREMENTS AND NO CHANGES HAVE BEEN MADE (all items must be correct):

- 1) The information contained in the hazardous materials inventory most recently submitted to the CUPA is complete, accurate, and up to date.
- 2) There has been no change in the quantity of hazardous material as reported in the most recently submitted inventory.
- 3) No hazardous materials subject to inventory requirements are being handled that are not listed on the most recently submitted inventory.
- 4) submitted inventory.

I certify under penalty of law that our business has reviewed the current hazardous materials inventory on file with the Santa Fe Springs Fire Department and certify the submitted information is true, accurate and complete. We have also reviewed our Consolidated Contingency Plan and certify that is up to date and accurate.

NOTE: Businesses that use the HMBP to satisfy EPCRA reporting requirements may not use a certification statement – it is not recognized under federal law. These businesses must annually resubmit their inventory.

Steven Fickel Corp
Business Name

11926 Burke
Facility Address

LANE McLENNIS
Print Name of Owner/Operator

[Signature]
Signature of Owner/Operator

Date



☒ First Inspection ☐ Second Inspection ☐ New Facility ☐ Response to Complaint ☐ Follow up ☐ Other _____

Facility Name: Stevens LABEL Site Address: 11926 Burke St.

Owner Name: Steve Strong Operator Name: _____

Contact Name: Lance McGinnis Phone: 698-9971

SIC: 2759 _____

Narrative SIC Description: Printing Business

Type of Weather at time of inspection: ☒ Sunny ☐ Cloudy ☐ Drizzle ☐ Steady Rainfall

This report is furnished to the facility representative as a measure to evaluate the implemented BMPs at your facility to prevent storm water pollution. Your facility may be subject to an enforcement action if the noted deficiencies are not corrected by the due date above. Upon completion of corrective actions, please sign and print your name along with the date and return this notice to the SFS Fire Department at the above address.

Facility Representative Signature: [Signature] Date: 8-26-04
Print name of Facility Representative: ANK W/ initials Inspector: Tom Hall

BEST MANAGEMENT PRACTICE CHECKLIST

Termination of all non-storm water discharge to storm drain.	
General good housekeeping.	X
Regular, scheduled preventive maintenance.	
Spill prevention and control procedures in place.	
Soil erosion control.	
Employee training program on storm water issues.	
Post on-site storm drains to indicate they are not to receive liquid or solid wastes.	
Regular cleaning of storm drainage system.	
Adsorbent and cleaning materials on hand for use.	
Storm water runoff routed around operating, processing, fueling, cleaning and storage areas.	
Hose bibs eliminated or posted	
Proper disposal of air conditioning, cooling tower and condensation drains	
Fueling area design minimizes storm water exposure.	
Covered fueling area	
Perimeter drain or pavement sloped to containment sump	
UST equipped with spill and overfill protection, permit	
Above ground tanks within spill containment	
Use off-site commercial washing and cleaning businesses.	
Covered designated wash area, sewerage under permit	
Exposed designated wash area, sewerage w/RDS, permit	
Covered designated wash area, containment sump, permit	
Exposed designated wash area, containment sump, permit	
Water recirculation/reclamation system used	
Demineralized/ultra-pure water spray rinse, no runoff	
Portable containment and vacuum collection of wastewater	
On-site washing by vendor, wastewater disposal off-site	
On-site washing by vendor, wastewater collected and disposal on-site, permit	
Equipment kept clean, build up of oil and grease avoided.	
Drip pans or containers available where needed.	
Covered designated maintenance area w/spill containment.	
Exposed designated maintenance area w/spill containment.	

Recycle greases, used oil, oil filters, antifreeze, cleaning solutions, automotive batteries, hydraulic and transmission fluids.	
Use non-toxic chemicals for maintenance when possible.	
Store idle equipment under cover.	
Operations within designated area w/spill containment.	
Fully covered loading/unloading docks.	
Partially covered loading/unloading docks	
Seal or door skirt between trailer and building.	
Truck well w/manual sump pump, spill procedure posted.	
Truck well w/RDS system and permit. Spill procedure posted	
Drip pans or containers used under hoses or transfer operations.	
Move activity indoors.	
Cover the area with a permanent roof	
Storm water runoff routed around process area	
Process wastes piped directly to sewer pretreatment system.	
Spill containment for process areas	
Air emission control equipment under AQMD permit	
Store materials indoors.	
Cover storage area with fixed roof or temporary cover	
Store materials on paved or impervious surfaces	
Store materials within containment berms.	
Sweep and maintain routes to and from storage areas.	
Recycle materials within plant or to off-site facilities.	
Valid sewer disposal permit and pretreatment system in place	
Hazardous waste generator license or permit in place	
Wastes segregated by type, labeled and dated.	
Waste storage/pretreatment areas clean and free of spill or leaks.	
Proper records maintained on waste storage and disposal.	
Leaving or planting native vegetation to reduce maintenance	
Careful use of pesticides and fertilizers in landscaping	
Integrated pest management where appropriate.	
Sweeping of paved surfaces.	

WASTE MANAGEMENT
GROUNDWATER MAINTENANCE



City of Santa Fe Springs Fire Department

Environmental Protection Division • Certified Unified Program Agency

11300 Greenstone Ave • Santa Fe Springs, CA • 90670: Tel (562) 944-9713 Fax (562) 941-1817

CUPA INSPECTION REPORT

PERMIT NO: 600281
BUSINESS NAME: STEVEN LABEL CORP
SITE ADDRESS: 11926 BURKE,
FACILITY PHONE: 5626989971
SIC CODE: 2759
INSPECTOR: TH

☒ HMBP ☐ UST
☒ HWG ☐ CalARP
☒ Industrial Waste ☐ SPCC
☒ UFC ☐ Storm Water
☐ Tiered ☐ LQG
☐ PBR-HHW ☐ Recycler

Inspected by: Tom Hall

Date: 7/6/04

Refer to Title 19, 22, & 23 of the California Code of Regulations (CCR), Chapters 6.5, 6.7, 6.67, & 6.95 of the Health and Safety Code (CHSC). The following Code selections are either in Violation (V) of, or in Compliance (C), or compliance is Not Applicable (N).

Inspection consent given by: <u>LANE McGINNIS</u>	
HAZARDOUS WASTE GENERATOR	
1. Hazardous Waste Generator Permit	CITY ORD. 97.400 <input checked="" type="checkbox"/>
2. Hazardous Waste Determination made	CCR 66262.11 <input checked="" type="checkbox"/>
3. EPA ID Number obtained	CCR 66262.12(a) <input checked="" type="checkbox"/>
4. Proper disposal of hazardous waste	CHSC 25189.5(a) <input checked="" type="checkbox"/>
5. Operate/maintain to prevent release/fire	CCR 66265.31 <input checked="" type="checkbox"/>
6. Container labeling requirements met	CCR 66262.34(f) <input checked="" type="checkbox"/>
7. Hazardous waste accumulation time	CCR 66262.34(f)(1) <input checked="" type="checkbox"/>
8. Hazardous waste containers sound	CCR 66265.171 <input checked="" type="checkbox"/>
9. Maintain proper aisle space	CCR 66265.35 <input checked="" type="checkbox"/>
10. Hazardous waste containers closed	CCR 66265.173(a) <input checked="" type="checkbox"/>
11. Separation of incompatible hazard	CCR 66265.177(c) <input checked="" type="checkbox"/>
12. Proper mgmt. contaminated containers	CCR 66261.7(f) <input checked="" type="checkbox"/>
13. Haz. waste storage area inspected weekly	CCR 66265.174 <input checked="" type="checkbox"/>
14. Haz. waste tanks inspected daily	CCR 66265.195 <input checked="" type="checkbox"/>
15. Satellite accumulation requirements met	CCR 66262.34(e) <input checked="" type="checkbox"/>
16. Ignitable/reactives 50' from property line	CCR 66265.176 <input checked="" type="checkbox"/>
17. Contingency Plan established	CCR 66265.51 <input checked="" type="checkbox"/>
18. Hazardous waste manifest complete	CCR 66262.23(a) <input checked="" type="checkbox"/>
19. Manifest copies sent to DTSC	CCR 66262.23(a)(4) <input checked="" type="checkbox"/>
20. Manifest copies retained for 3 years	CCR 66262.40(a) <input checked="" type="checkbox"/>
21. LDR documents retained for 3 years	CCR 66268.7(a) <input checked="" type="checkbox"/>
22. Consolidated manifest record-keeping	CHSC 25144.6 <input checked="" type="checkbox"/>
23. Biennial Report prepared - RCRA LQG	CCR 66262.41 <input checked="" type="checkbox"/>
24. Haz. waste determination documentation	CCR 66262.40(c) <input checked="" type="checkbox"/>
25. Personnel training requirements met	CCR 66265.16 <input checked="" type="checkbox"/>
26. SB14 requirements met for LQG's	CCR 67100.3 <input checked="" type="checkbox"/>
Hazardous Waste Generator continued.....	
27. Hazwaste transported to proper TSDF	CHSC 25163 <input checked="" type="checkbox"/>
28. Hazwaste transported by register hauler	CCR 66263.17 <input checked="" type="checkbox"/>
29. Excluded Recyclable Mat. record-keeping	CHSC 25143.2 <input checked="" type="checkbox"/>
30. Recyclable Mat. Reporting form filed	CHSC 25143.10 <input checked="" type="checkbox"/>
31. Used oil receipts complete/available	CHSC 25160.2(b)(3) <input checked="" type="checkbox"/>
32. Proper management of used oil	CHSC 25250.4 <input checked="" type="checkbox"/>
33. Proper management of Universal Waste	CCR 66273 <input checked="" type="checkbox"/>
34. Proper management of used oil filters	CCR 66266.130 <input checked="" type="checkbox"/>
35. Proper mgmt. of lead/acid batteries	CCR 66266.81 <input checked="" type="checkbox"/>
36. Proper mgmt. of contaminated rags	CHSC 25144.6 <input checked="" type="checkbox"/>
HAZARDOUS MATERIALS BUSINESS PLAN	
37. HMBP established and filed	CHSC 25503.5 <input checked="" type="checkbox"/>
38. HMBP updated/accurate	CHSC 25505 <input checked="" type="checkbox"/>
39. Regulated Substances Reg. completed	CHSC 25533(a) <input checked="" type="checkbox"/>
UNDERGROUND STORAGE TANK	
40. Tank meets requirements	CCR 23 Div. 3, Ch16 <input checked="" type="checkbox"/>
41. Tank meets requirements	UFC Article 52 <input checked="" type="checkbox"/>
42. Tank meets requirements	CHSC, Ch. 6.7 <input checked="" type="checkbox"/>
ABOVEGROUND PETROLEUM STORAGE TANK	
43. SPCC Plan complete per requirements	CHSC 25270.3 <input checked="" type="checkbox"/>
TIERED PERMIT	
44. Authorization to treat hazardous waste	CHSC 25201(a) <input checked="" type="checkbox"/>
45. Certificate to financial assurance	CCR 67450.13(a) <input checked="" type="checkbox"/>
UNIFORM FIRE CODE	
46. Compliance for flam. & combust. liquids	UFC Article 79 <input checked="" type="checkbox"/>
47. Compliance for hazardous materials	UFC Article 80 <input checked="" type="checkbox"/>

NARRATIVE/COMMENTS

- Blocked Emergency Exit Door
- Spent can Shop Bags stored in 2-55 Gallon Drums w/o lids
- ONE 55-Gal Drum of HAZARDOUS WASTE. Content unknown.
- Accumulation start Date: 4-8-04
- Compressor Blowsdown oil/water Separator for INDOOR unit.
- Determine if 30-Gallon Drum w/ "water" from painting unit is a hazardous waste.

Program Inspected: HMBP ☒ HWG ☒ LQG ☒ UST ☐ TP ☐ PBR ☐ CalARP ☐ SPCC ☐ SWPPP ☒ IW ☒ RECYCLER ☐
Inspection Type: Routine ☐ Other ☐ HWG Status: LQG ☒ SQG ☒ CA ONLY ☐ RECYCLER ☐ CESQG Silver ☐ SPG ☐ Number of Employees: _____
Inspection Category: Single Program ☐ Combined ☒ Joint ☐ Integrated/Multi-Media ☐ NOV Issued ☐

City of Santa Fe Springs Fire Department
Fire Protection Division - Environmental Protection Division
11300 Greenstone Avenue, Santa Fe Springs, CA 90670-4619
(562) 944-9713 FAX (562) 941-1817 fire@santafesprings.org

INVOICE

STEVEN LABEL CORP
PO BOX 3688
SANTA FE SPRINGS CA 90670



Amount Paid: \$1,398.00
Check No.: 084892
Date: 12/1/03
Comments: _____

Period Covered: 07/01/2003-06/30/2004
Permit No: 600281
Today's Date: 11/05/2003
Payment Due Date: 12/05/2003

For Facility Located at:

11926 BURKE
SANTA FE SPRINGS, CA 90670

**A PENALTY WILL BE ASSESSED FOR
TOTAL FEES NOT RECEIVED BY THE DUE
DATE ABOVE**

CUPA PROGRAM ELEMENTS	
Hazardous Materials Fee	\$219.00
Hazardous Materials Volume Fee	\$0.00
Hazardous Waste Generator Fee	\$830.00
Tier Permit Fee	\$0.00
Underground Storage Tank Fee	\$0.00
CalARP Fee	\$0.00
Aboveground Storage Tanks	\$0.00
STATE SERVICE FEES	
Underground Storage Tank Service Fee <input type="checkbox"/> (Exempt)	\$0.00
CalARP Service Fee <input type="checkbox"/> (Exempt)	\$0.00
Program Oversight Fee <input type="checkbox"/> (Exempt)	\$24.00
OTHER	
Industrial Waste Permit Fee	\$272.00
Rain Diversion Fee	\$0.00
Fire Permit Fee	\$0.00
Stormwater Fee	\$53.00

This fee is due and payable upon receipt. Please indicate the permit number 600281 on your check. Make check payable to 'CITY OF SANTA FE SPRINGS' and remit to:

City of Santa Fe Springs Fire Department
11300 Greenstone Avenue
Santa Fe Springs, CA 90670

Above Total: \$1,398.00

Late Fee: \$0.00

Amount Paid: \$0.00

TOTAL AMOUNT DUE: \$1,398.00

PLEASE RETURN THIS COPY WITH YOUR PAYMENT

PLEASE RETURN
FORM BY
DEC. 15, 2003



City of Santa Fe

Headquarters Fire Station

11300 Greenstone Ave. • CA • 90670-4619 • (562) 944-9713 • Fax (562) 941-1817 • www.santafesprings.org

2003/2004 Annual Unified Program Certification

Dear Business Owner:

In addition to other notification and update requirements, Chapter 6.95 of the California Health and Safety Code requires your Hazardous Materials Business Plan (HMBP) to be reviewed and updated annually. If you have marked the box that indicates no changes have been made, this form will serve as your 2002/2003 official update (Title 19, Section 2729 requirements allow a certification statement to be used if no changes have been made to the business' hazardous materials inventory [HMBP]).

If you have made changes to your HMBP, please check the "Changes Have Been Made" box below. The Fire Department will send you all of the appropriate forms necessary to update your status.

CHECK THE APPROPRIATE BOX AND SIGN THE FORM BELOW

- ☒ **OUR BUSINESS HAS PREVIOUSLY FILED THE HAZARDOUS MATERIALS INVENTORY PURSUANT TO SECTION 2729.2 AND 2729.3 REQUIREMENTS AND NO CHANGES HAVE BEEN MADE** (all items must be correct):
- 1) The information contained in the hazardous materials inventory most recently submitted to the CUPA is complete, accurate, and up to date.
 - 2) There has been no change in the quantity of hazardous material as reported in the most recently submitted inventory.
 - 3) No hazardous materials subject to inventory requirements are being handled are not listed on the most recently submitted inventory.

☐ **CHANGES HAVE BEEN MADE:**

- ☐ **Emergency Contacts** – These are the two main contacts and their emergency phone numbers that the Fire Department will use in the event of an emergency.
- ☐ **Chemical Inventory** – The types and/or quantities of chemicals, hazardous liquids, solids, compressed gases, or waste have been changed.
- ☐ **Facility Plot Plan** – This is the diagram of your facility, which indicates the storage and use location of all the hazardous materials listed in the inventory.

I certify under penalty of law that our business has reviewed the current hazardous materials inventory on file with the Santa Fe Springs Fire Department and certify the submitted information is true, accurate and complete.

NOTE: Businesses that use the HMBP to satisfy EPCRA reporting requirements may not use a certification statement – it is not recognized under federal law. These businesses must annually resubmit their inventory.

Steven Label Corporation

Business Name

John McCullough, Controller

Print Name of Owner/Operator

11926 Burke Street, S.F.I.

Facility Address

[Signature]
Signature of Owner/Operator

11/26/03

Date

City of Santa Fe Springs Fire Department
Fire Protection Division - Environmental Protection Division
11300 Greenstone Avenue, Santa Fe Springs, CA 90670-4619
(562) 944-9713 FAX (562) 941-1817 fire@santafesprings.org

INVOICE

STEVEN LABEL CORP
PO BOX 3688
SANTA FE SPRINGS CA 90670

Period Covered: 07/01/2001-06/30/2002
Permit No: 600281
Today's Date: 11/29/2002
Payment Due Date: 12/29/2002

A PENALTY WILL BE ASSESSED FOR
TOTAL FEES NOT RECEIVED BY THE DUE
DATE ABOVE

Amount Paid: \$1314.50
Check No.: 080836
Date: 12/5/02
Comments: check, 3 locations

For Facility Located at

11926 BURKE
SANTA FE SPRINGS, CA 90670

CUPA PROGRAM ELEMENTS		
Hazardous Materials Fee		\$207.00
Hazardous Materials Volume Fee		\$0.00
Hazardous Waste Generator Fee		\$783.00
Tier Permit Fee		\$0.00
Underground Storage Tank Fee		\$0.00
CalARP Fee		\$0.00
Aboveground Storage Tanks		\$0.00
STATE SERVICE FEES		
Underground Storage Tank Service Fee	<input type="checkbox"/> (Exempt)	\$0.00
CalARP Service Fee	<input type="checkbox"/> (Exempt)	\$0.00
Program Oversight Fee	<input type="checkbox"/> (Exempt)	\$17.50
OTHER		
Industrial Waste Permit Fee		\$257.00
Rain Diversion Fee		\$0.00
Fire Permit Fee		\$0.00
Stormwater Fee		\$50.00

This fee is due and payable upon receipt. Please indicate the permit number 600281 on your check. Make check payable to 'CITY OF SANTA FE SPRINGS' and remit to:

City of Santa Fe Springs Fire Department
11300 Greenstone Avenue
Santa Fe Springs, CA 90670

Above Total: \$1,314.50

Late Fee: \$0.00

Amount Paid: \$0.00

TOTAL AMOUNT DUE: \$1,314.50



City of Santa Fe Springs

Headquarters Fire Station

11300 Greenstone Ave. • CA • 90670-4619 • (562) 944-9713 • Fax (562) 941-1817 • www.santafesprings.org

2002/2003 Annual Unified Program Certification

Dear Business Owner:

In addition to other notification and update requirements, Chapter 6.95 of the California Health & Safety Code requires your Hazardous Materials Business Plan (HMBP) to be reviewed and updated annually. If you have marked the box that indicates no changes have been made, this form will serve as your 2002/2003 official update (Title 19, Section 2729 requirements allow a certification statement to be used if no changes have been made to the business' hazardous materials inventory).

If you have made changes to your HMBP, please check the "Changes Have Been Made" box below. The Fire Department will send you all of the appropriate forms necessary to update your status.

CHECK THE APPROPRIATE BOX AND SIGN THE FORM BELOW

☐ OUR BUSINESS HAS PREVIOUSLY FILED THE HAZARDOUS MATERIALS INVENTORY PURSUANT TO SECTION 2729.2 AND 2729.3 REQUIREMENTS AND NO CHANGES HAVE BEEN MADE (all items must be correct):

- 1) The information contained in the hazardous materials inventory most recently submitted to the CUPA is complete, accurate, and up to date.
- 2) There has been no change in the quantity of hazardous material as reported in the most recently submitted inventory.
- 3) No hazardous materials subject to inventory requirements are being handled that are not listed on the most recently submitted inventory.

☐ CHANGES HAVE BEEN MADE:

- ☐ Emergency Contacts—These are the two main contacts and their emergency phone numbers that the Fire Department will use in the event of an emergency.
- ☐ Chemical Inventory—The types and/or quantities of chemicals, hazardous liquids, solids, compressed gases, or waste have been changed.
- ☐ Facility Plot Plan—This is the diagram of your facility, which indicates the storage and use location of all the hazardous materials listed in the inventory.

I certify under penalty of law that our business has reviewed the current hazardous materials inventory on file with the Santa Fe Springs Fire Department and certify that the submitted information is true, accurate, and complete.

NOTE: Businesses that use the HMBP to satisfy EPCRA reporting requirements may not use a certification statement—it is not recognized under federal law. These businesses must annually resubmit their inventory.

STEVEN LABEL CORP.
Business Name

11726 BURKE ST.

Facility Address

LANE MC GINNIS
Print Name of Owner/Operator

[Signature]
Signature of Owner/Operator

12-4-02
Date

City of Santa Fe Springs Fire Department
Fire Protection Division - Environmental Protection Division
11300 Greenstone Avenue, Santa Fe Springs, CA 90670-4819
(562) 944-9713 FAX (562) 941-1817 fire@santafesprings.org

INVOICE

STEVEN LABEL CORP
PO BOX 3688
SANTA FE SPRINGS CA 90670

pd \$ 1156.50
chk # 77337
11/27/01

Period Covered: 07/01/2001-08/30/2002

Permit No: 800281

Today's Date: 11/08/2001

Payment Due Date: 12/15/2001

A PENALTY WILL BE ASSESSED FOR
TOTAL FEES NOT RECEIVED BY THE DUE
DATE ABOVE

For Facility Located at:

JAMES STEVEN
STEVEN LABEL CORP
11926 BURKE
SANTA FE SPRINGS, CA 90670

CUPA PROGRAM ELEMENTS	
Hazardous Materials Fee	\$158.00
Hazardous Materials Volume Fee	\$0.00
Hazardous Waste Generator Fee	\$715.00
Tier Permit Fee	\$0.00
Underground Storage Tank Fee	\$0.00
CalARP Fee	\$0.00
Aboveground Storage Tanks	\$0.00
STATE SERVICE FEES	
Underground Storage Tank Service Fee <input type="checkbox"/> (Exempt)	\$0.00
CalARP Service Fee <input type="checkbox"/> (Exempt)	\$0.00
Program Oversight Fee <input type="checkbox"/> (Exempt)	\$17.50
OTHER	
Industrial Waste Permit Fee	\$235.00
Rain Diversion Fee	\$0.00
Fire Permit Fee	\$0.00
Stormwater Fee	\$0.00

This fee is due and payable upon receipt. Please indicate the permit number 800281 on your check. Make check payable to 'CITY OF SANTA FE SPRINGS' and remit to:

City of Santa Fe Springs Fire Department
11300 Greenstone Avenue
Santa Fe Springs, CA 90670

Above Total: \$1,156.50

Late Fee: \$0.00

Amount Paid: \$0.00

TOTAL AMOUNT DUE: \$1,156.50



City of Santa Fe Springs

Headquarters Fire Station

11300 Greenstone Ave. • CA • 90670-4619 • (562) 944-9713 • Fax (562) 941-1817 • www.santafesprings.org

2001/2002 Annual Unified Program Certification

Dear Business Owner:

In addition to other notification and update requirements, Chapter 6.95 of the California Health and Safety Code requires your Hazardous Materials Business Plan (HMBP) to be reviewed and updated annually. If you have made changes to your HMBP, please check the "Changes Have Been Made" box(es) below. The Fire Department will send you all of the appropriate forms necessary to update your status. If no changes have been made you must check the box and sign below. This form will serve as your 2001/2002 official update.

This form must be signed by the business owner or officially designated representative. Check the appropriate box(es) and return to the Fire Department by **December 15, 2001** along with the required annual CUPA fees shown on the attached invoice. Failure to do so will result in additional fines being assessed. The minimum late penalty fine is \$300.00 dollars.

CHECK THE APPROPRIATE BOX AND SIGN THE FORM BELOW

☐ **CHANGES HAVE BEEN MADE:**

- ☐ **Emergency Contacts** – These are the two main contacts and their emergency phone numbers that the Fire Department will use in the event of an emergency.
- ☐ **Chemical Inventory** – The types and/or quantities of chemicals, hazardous liquids, solids, compressed gases, or waste have been changed.
- ☐ **Facility Plot Plan** – This is the diagram of your facility, which indicates the storage and use location of all the hazardous materials listed in the inventory.

☒ **NO CHANGES (all items must be correct):**

- 1) The most recent inventory statement is complete, accurate, and up to date.
- 2) There has been no change in the quantity of hazardous material as reported last year.
- 3) No hazardous materials subject to the inventory requirement are being handled that are not listed on the inventory statement on file.

I certify under penalty of law that our business has reviewed the current HMBP on file with the Santa Fe Springs Fire Department and certify the submitted information is true, accurate and complete.

NOTE: Businesses that use the HMBP to satisfy EPCRA reporting requirements may not use a certification statement – it is not recognized under federal law. These businesses must annually resubmit their inventory.

Steven Lohel Corporation
Business Name

David J. Simais
Print Name of Owner/Operator

11926 Butler St. S.F.S.
Facility Address

[Signature]
Signature of Owner/Operator

Date



**STEVEN
LABEL**

P.O. Box 3688

11926 Burke Street

Santa Fe Springs

California 90670-2508

(562) 698-9971

(714) 521-2045

FAX: (562) 698-1507

slc4you@stevenlabel.com

City of Santa Fe Springs
Fire Department
11300 Greenstone Ave
Santa Fe Springs, CA 90670
Attn: Tom Hall

Dear Tom,

Enclosed is our Hazardous Material Business Plan. Thanks for being so patient as we worked through this requirement. I did the best I could in providing the information that it was requiring but I must admit it wasn't easy. Forms that are designed to cover every possible industry are always difficult to interpret. Maybe some day they will figure out a better way. Please review what we have submitted and let me know if there is anything missing or incorrect.

I want to thank you personally in the way you approached us about this new requirement. It was a total pain in the neck to be honest but it could have felt much worse depending on the attitude of the person I was working with.

Thanks again for your help and support.

Sincerely,

Lane McGinnis
Lane McGinnis
VP of Operations

TIFF -

CAN YOU PLEEEASSSE
REVIEW & FILE.

THANKS

-Tom



**STEVEN
LABEL**

P.O. Box 3688
11926 Burke Street
Santa Fe Springs
California 90670-2508
(562) 698-9971
(714) 521-2045
FAX: (562) 698-1507
slc4you@stevenlabel.com

City of Santa Fe Springs
Fire Department
11300 Greenstone Ave.
Santa Fe Springs, CA 90670
Attn: Tom Hall

Dear Tom,

Per our discussion, enclosed are the items requested by Dave Klunk's office that were missing from our original submittal. We have added or updated the following.

- Consolidated Contingency Plan – We added the name of our hazardous waste contractor for our waste ink and plate making waste.
- Site Map – We added a legend indicating what symbols we used. We've added the location of our hazardous waste (ink) and plate making waste to the map. We also removed the equipment and other non-essential items to make the site map easier to read.
- Chemical Description Forms – We have added to our original list a separate form for our waste ink and plate making waste.

Hopefully this will meet the requirements. Please let me know if there is anything we have forgotten or if you have any questions.

Thanks again for your help.

Lane McGinnis
VP of Operations



City of Santa Fe Springs

Headquarters Fire Station

11300 Greenstone Ave. • CA • 90670-4619 • (562) 944-9713 • Fax (562) 941-1817 • www.santafesprings.org

CUPA REPORTING FORM DEFICIENCIES

BUSINESS NAME: STEVEN LABEL CORPORATION

SITE ADDRESS: 11926 BURKE STREET

MAILING ADDRESS: PO BOX 3688, SANTA FE SPRINGS, CA 90670

CONTACT: LANE MCGINNIS

DATE: AUGUST 9, 2001

California State Law, Title 27, Section 15600 requires businesses to submit required information to their local Certified Unified Program Agency (CUPA), the Santa Fe Springs Fire Department (SFSFD). The SFSFD has reviewed the forms submitted by your facility. The following checked items are missing or inadequate and must be corrected by the due date below.

- ☐ Business Activities Form
- ☐ Business Owner / Operator Identification Form
- ☐ Hazardous Materials Inventory / Chemical Description (one form for each material and waste)
- ☒ Consolidated Contingency Plan
- ☒ Site Map
- ☐ Hazardous Waste Generator Form
- ☐ Chemical Classification Forms
- ☒ Please complete a separate Chemical Description Form for each hazardous waste you generate (spent fixer, waste ink, Flexo plate waste). Also update your Site Map to include chemical location and a legend (see example).

Failure to correct these violations before the below date will result in an additional Notice being issued with fines for non-compliance with CUPA programs (2nd Notice \$300 fine, 3rd Notice \$600 fine).

AUGUST 24, 2001

Please contact Tiffany Shedrick of the Santa Fe Springs Fire Department at (562) 944-9713 Ext. 161 if you have any questions, or require further assistance in this matter.

Sincerely,

Dave Klunk
Director of Environmental Protection

DRK/ts



CITY OF SANTA FE SPRINGS FIRE DEPARTMENT
Environmental Protection Division • Certified Unified Program Agency
 11300 Greenstone Ave • Santa Fe Springs, CA • 90670: Tel (562) 944-9713 Fax (562) 941-1817

CUPA INSPECTION REPORT

PERMIT NO: 600281
 BUSINESS NAME: STEVEN LABEL CORP
 SITE ADDRESS: 11926 BURKE,
 FACILITY PHONE: 5626989971
 SIC CODE: 3993
 INSPECTOR: TH

☒ HMBP ☐ UST
☒ HWG ☐ CalARP
☒ Industrial Waste ☐ SPCC
☒ UFC ☐ Storm Water
☐ Tiered ☐ LOG
☐ PBR-HHW ☐ Recycler

Inspected by: Tom Hall

Date: 5/3/01

Refer to Title 19, 22, & 23 of the California Code of Regulations (CCR), Chapters 6.5, 6.7, 6.67, & 6.95 of the Health and Safety Code (CHSC). The following Code selections are either in Violation (V) of, or in Compliance (C), or compliance is Not Applicable (N).

Inspection consent given by: VICTOR MARRERO LANE MCGINIS

HAZARDOUS WASTE GENERATOR

		V	C	N
1. Hazardous Waste Generator Permit	CITY ORD. 97.400			
2. Hazardous Waste Determination made	CCR 66262.11			
3. EPA ID Number obtained	CCR 66262.12(a)			
4. Proper Disposal of Hazardous Waste	CHSC 25189.5(a)			
5. Operate/maintain to prevent release/fire	CCR 66265.31			
6. Labeling requirements met	CCR 66262.34(f)			
7. Hazardous Waste Accumulation Time	CCR 66262.34(e)(1)			
8. Hazardous Waste Containers sound	CCR 66265.171			
9. Hazardous Waste Containers not leaking	CCR 66265.173(b)			
10. Hazardous Waste Containers closed	CCR 66265.173(a)			
11. Separation of Incompatible HazMat	CCR 66265.177(c)			
12. Proper mgmt. Contaminated Containers	CCR 66261.7(f)			
13. Storage Area inspected weekly	CCR 66265.174			
14. Tanks inspected daily	CCR 66262.34(d)(2)			
15. Satellite Accumulation requirements met	CCR 66262.34(e)			
16. Contingency Plan established	CCR 66265.31			
17. Waste Transported w/ proper documents	CCR 66262.20(a)			
18. Hazardous Waste Manifest complete	CCR 66262.23(a)			
19. Manifest copies sent to DTSC	CCR 66262.23(a)(4)			
20. Manifest copies retained for 3 years	CCR 66262.40(a)			
21. LDR documents retained for 3 years	CCR 66268.7(a)			
22. Milk-run operation record-keeping	CHSC 25144.6			
23. Biennial Report prepared	CCR 66262.41			
24. HazWaste Analysis retained for 3 years	CCR 66262.40(c)			
25. Personnel Training requirements met	CCR 66265.16			
26. SB14 requirements met for LOG's	CCR 67100.3			

Hazardous Waste Generator continued.....

		V	C	N
27. HazWaste Transported to proper TSD?	CHSC 25163			
28. HazWaste Transported by register hauler	CCR 66263.17			
29. Excluded Recyclable Mat. record-keeping	CHSC 25143.2			
30. Recyclable Mat. Reporting Form filed	CHSC 25143.10			
31. Used Oil Receipts complete/available	CHSC 25230.8(b)			
32. Proper management of Used Oil	CHSC 25250.4			
33. Used Oil not contaminated	CHSC 25250.7			
34. Proper management of Used Oil Filters	CCR 66266.130			
35. Proper management of Used Batteries	CCR 66266.81			
36. Proper mgmt. of Contaminated Rags	CHSC 25144.6			

HAZARDOUS MATERIALS BUSINESS PLAN

		V	C	N
37. Business Plan established and filed	CHSC 25303.5			
38. Business Plan updated/accurate	CHSC 25305			
39. Regulated Substances Reg. completed	CHSC 25333(a)			

UNDERGROUND STORAGE TANK (UST)

		V	C	N
40. UST Program requirements met? See UST Inspection Supplement if applicable	CCR 23 Div. 3, Ch. 16 and CHSC, Ch. 6.7			

ABOVEGROUND PETROLEUM STORAGE TANK

		V	C	N
41. SPCC Plan complete per requirements	CHSC 25270.3			

TIERED PERMIT

		V	C	N
42. Authorization to treat Hazardous Waste	CHSC 25201(a)			
43. Certificate to financial assurance	CCR 67450.13(a)			

UNIFORM FIRE CODE

		V	C	N
44. Compliance for flamm. & combust. liquids	UFC Article 79			
45. Compliance for Hazardous Materials	UFC Article 80			

NARRATIVE/COMMENTS

- DISCONTINUE TRANSPORTING WASTE FROM 8771 SERRANO TO 11926 BURKE. EACH FACILITY MUST HAVE IT'S OWN EPA ID#.
- MATCH MANIFESTS RETURNED FROM DISPOSAL FACILITY WITH THE MANIFEST GIVEN TO THE TRANSPORTER.
- 227 GAL OF WHITE AG SOLUTION GENERATED PER MONTH
- UPDATE YOUR HAZARDOUS MATERIAL BUSINESS PLAN & YOUR CONTINGENCY PLAN
- PROVIDE IMPROVED HAZARDOUS WASTE TRAINING RECORDS IN THE FUTURE

Program Inspected: HMBP ☐ HWG ☐ LOG ☐ UST ☐ TP ☐ PBR ☐ CalARP ☐ SPCC ☐ SWPPP ☐ IW ☐ RECYCLER ☐
 Inspection Type: Routine ☐ Other ☐ HWG Status: LOG ☐ SQG ☐ CA ONLY ☐ RECYCLER ☐ CESQG Silver ☐ SPG ☐ Number of Employees: _____
 Inspection Category: Single Program ☐ Combined ☐ Joint ☐ Integrated/Multi-Media ☐ NOV Issued ☐

City of Santa Fe Springs Fire Department
Fire Protection Division - Environmental Protection Division
11300 Greenstone Avenue, Santa Fe Springs, CA 90670-4619
(562) 944-9713 FAX (562) 941-1817 fire@santafesprings.org

INVOICE

STEVEN LABEL CORP
P.O. BOX 3688
SANTA FE SPRINGS CA 90670

RECEIVED
NOV 15 2000

pd \$1149.00
ch# 73951
12/11/00

Period Covered: 07/01/2000-06/30/2001
Permit No: 600281
Today's Date: 11/14/2000
Payment Due Date: 12/14/2000

For Facility Located at:

JAMES STEVEN
STEVEN LABEL CORP
11926 BURKE
SANTA FE SPRINGS, CA 90670

A PENALTY WILL BE ASSESSED FOR
TOTAL FEES NOT RECEIVED BY THE DUE
DATE ABOVE



CUPA PROGRAM ELEMENTS	
Hazardous Materials Fee	\$189.00
Hazardous Materials Volume Fee	\$0.00
Hazardous Waste Generator Fee	\$715.00
Tier Permit Fee	\$0.00
Underground Storage Tank Fee	\$0.00
CalARP Fee	\$0.00
Aboveground Storage Tanks	\$0.00
STATE SERVICE FEES	
Underground Storage Tank Service Fee <input type="checkbox"/> (Exempt)	\$0.00
CalARP Service Fee <input type="checkbox"/> (Exempt)	\$0.00
Program Oversight Fee <input type="checkbox"/> (Exempt)	\$10.00
OTHER	
Industrial Waste Permit Fee	\$235.00
Rain Diversion Fee	\$0.00
Fire Permit Fee	\$0.00
Stormwater Fee	\$0.00

This fee is due and payable upon receipt. Please indicate the permit number 600281 on your check. Make check payable to 'CITY OF SANTA FE SPRINGS' and remit to:

City of Santa Fe Springs Fire Department
11300 Greenstone Avenue
Santa Fe Springs, CA 90670

Above Total: \$1,149.00

Late Fee: \$0.00

Amount Paid: \$0.00

TOTAL AMOUNT DUE: \$1,149.00



City of Santa Fe Springs

Headquarters Fire Station

11300 Greenstone Ave. • CA • 90670-4619 • (562) 944-9713 • Fax (562) 941-1817 • www.santafesprings.org

2000/2001 ANNUAL UNIFIED PROGRAM CERTIFICATION

Dear Business Owner:

In addition to other notification and update requirements, Chapter 6.95 of the California Health and Safety Code requires your Hazardous Materials Business Plan (HMBP) to be reviewed and updated annually. If you have made changes to your HMBP, please check the "Changes Have Been Made" box below. The Fire Department will send you all of the appropriate forms necessary to update your status. If you have marked the box that indicates no changes have been made, this form will serve as your 2000/2001 official update.

This form must be signed, box(s) checked, and returned to the Fire Department by DECEMBER 14, 2000 along with the required Annual CUPA Fees shown on the attached invoice. Failure to do so will result in fines being assessed. The minimum late penalty fine is \$300.00 dollars.

CHECK THE APPROPRIATE BOX AND SIGN THE FORM BELOW

- ☐ **CHANGES HAVE BEEN MADE** – Our facility has made changes to one or more of the following HMBP elements.
- ☐ **EMERGENCY CONTACTS** – These are the two main contacts and their emergency phone numbers that the Fire Department will use in the event of an emergency.
 - ☐ **CHEMICAL INVENTORY** – The types and/or quantities of chemicals, hazardous liquids, solids, compressed gases, or waste have been changed.
 - ☐ **FACILITY PLOT PLAN** – This is the diagram of your facility, which indicates the storage and use location of all the hazardous materials listed in the inventory.
- ☒ **NO CHANGES** – I certify that our business has a current HMBP on file with the Santa Fe Springs Fire Department and we have made no changes to the above listed programs. This form will serve as certification that our HMBP has been reviewed and is accurate, complete, and up to date.

Steven Label Corporation 11926 Burke St. Santa Fe Springs

Business Name

Address

Unit #

Signature of Owner/Operator

Print Name

Date

12-11-00



City of Santa Fe Springs Fire Department
Fire Protection Division - Environmental Protection Division
11300 Greenstone Avenue, Santa Fe Springs, CA 90670-4619
(562) 944-9713 FAX (562) 941-1817 fire@santafesprings.org

RECEIVED

NOV 10 1999

INVOICE

ck # 70165
Pd. 1,149.00
12-2-99

PAID

STEVEN LABEL CORP
P.O. BOX 3688
SANTA FE SPRINGS CA 90670

Period Covered: 07/01/1999 - 06/30/2000
Permit No: 600281
Today's Date: 11/05/1999
Payment Due Date: 12/05/1999

Invoice No: 10312

For Facility Located at:

STEVEN LABEL CORP
11926 BURKE
SANTA FE SPRINGS, CA 90670

A PENALTY WILL BE ASSESSED FOR TOTAL
FEES NOT RECEIVED BY THE DUE DATE
ABOVE

CUPA PROGRAM ELEMENTS	
Hazardous Materials Fee	\$189.00
Hazardous Materials Volume Fee	\$0.00
Hazardous Waste Generator Fee	\$715.00
Tier Permit Fee	\$0.00
Underground Storage Tank Fee	\$0.00
CalARP Fee	\$0.00
Aboveground Storage Tanks	\$0.00
STATE SERVICE FEES	
Underground Storage Tank Service Fee <input type="checkbox"/> (Exempt)	\$0.00
CalARP Service Fee <input type="checkbox"/> (Exempt)	\$0.00
Program Oversight Fee <input type="checkbox"/> (Exempt)	\$10.00
OTHER	
Industrial Waste Permit Fee	\$235.00
Rain Diversion Fee	\$0.00
Fire Permit Fee	\$0.00
Stormwater Fee	\$0.00

This fee is due and payable upon receipt. Please indicate the permit number 600281 on your check. Make check payable to "CITY OF SANTA FE SPRINGS" and remit to:

City of Santa Fe Springs Fire Department
11300 Greenstone Avenue
Santa Fe Springs, CA 90670

Above Total: \$1,149.00

Late Fee: \$0.00

Amount Paid: \$0.00

TOTAL AMOUNT DUE: \$1,149.00

Handwritten signature



City of Santa Fe Springs

Headquarters Fire Station

11300 Greenstone Ave. • CA • 90670-4619 • (562) 944-9713 • Fax (562) 941-1817 • www.santafesprings.org

1999/2000 ANNUAL UNIFIED PROGRAM CERTIFICATION

Dear Business Owner:

Chapter 6.95 of the California Health and Safety Code requires your Hazardous Materials Business Plan (HMBP) to be reviewed and updated annually. If you have made changes to your HMBP, please check the "Changes Have Been Made" box below. The Fire Department will send you all of the appropriate forms necessary to update your status. If you have marked the box that indicates no changes have been made, this form will serve as your 1999/2000 official update.

This form must be signed, box(es) checked, and returned to the Fire Department by DECEMBER 5, 1999 along with the required Annual CUPA Fees shown on the attached invoice. Failure to do so will result in fines being assessed.

CHECK THE APPROPRIATE BOX AND SIGN THE FORM BELOW

- ☐ **CHANGES HAVE BEEN MADE** -- Our facility has made changes to one or more of the following HMBP elements.
- ☐ **EMERGENCY CONTACTS** -- These are the two main contacts that the Fire Department will use in the event of an emergency.
- ☐ **CHEMICAL INVENTORY** -- The types and quantities of chemicals, hazardous liquids, solids, compressed gases, or waste have been changed.
- ☐ **FACILITY PLOT PLAN** -- This is the diagram of your facility, which indicates the storage and use location of all the hazardous materials listed in the inventory.
- ☒ **NO CHANGES** -- I certify that our business has a current HMBP on file with the SFSFD and has made no changes to the above listed programs. This form will serve as certification that our HMBP has been reviewed and is accurate, complete, and up to date.
- ☐ **HAZARDOUS WASTE GENERATOR FEE REDUCTION** -- Our business generates less than 1000 kg (270 gallons) of hazardous waste per month, has 10 or less employees, will attend a 4 hour Hazardous Waste workshop and perform a self audit to receive the \$157.00 permit fee reduction. (See statement below)

Business Name STEVEN LABEL LOPEZ	Address 11926 BURKE ST. SANTA FE SPRINGS	Unit #
Signature of Owner/Operator <i>[Signature]</i>	Print Name LANE MCINNIS	Date 11-29-99

Attention Hazardous Waste Generators:

Businesses in the Hazardous Waste Generator program that have 10 or less employees may qualify for a \$157.00 reduction in their annual permit fee. To qualify for the program, you must complete a 4 hour workshop on generator requirements, complete a Self Inspection form and return it to the Fire Department within a given time. The reduction is not available to Large Quantity Generators (1000 kg of waste per month or more). If you wish to participate in the Self-Audit Program, deduct \$157.00 from your HWG permit fee and check the box above. The Fire Department will advise you of the date and location of the workshops. The workshops will be available at no cost. All attendees of the workshop will receive a certificate of completion. The Self-Audit forms will be mailed out after the workshops and must be returned to the Fire Department within 30 days. Failure to meet all of the conditions will result in the \$157.00 deduction being re-billed to the business.



City of Santa Fe Springs FIRE DEPARTMENT

FIRE PROTECTION DIVISION • ENVIRONMENTAL PROTECTION DIVISION

11300 GREENSTONE AVENUE • SANTA FE SPRINGS, CA 90670-4619
(562) 944-9713 • FAX (562) 941-1817 • fire@santafesprings.org

RECEIVED

OCT 23 1998

CERTIFIED UNIFIED PROGRAM AGENCY ANNUAL FEES

TO:

FOR FACILITY LOCATED AT:

STEVEN LABEL CORP

11926 BURKE

P.O. BOX 3688
SANTA FE SPRINGS, CA 90670

POSTED

ACCOUNT NUMBER		FEE PERIOD		DATE ISSUED	DATE DUE
00002415		FROM 07-01-1998	TO 06-30-1999	10-23-1998	11-30-1998
CODE	ACTIVITIES	PERMIT NUMBER	FEE		
	HAZARDOUS MATERIALS FEE	STEV11926BUR	180.00		
	HAZARDOUS MATERIALS VOLUME FEE	STEV11926BUR			
	RAIN DIVERSION SYSTEM FEE				
	INDUSTRIAL WASTE AND FIRE PERMIT FEE	00000799	224.00		
	HAZARDOUS WASTE GENERATOR FEE	152780	681.00		
	TIER PERMIT FEE				
	UNDERGROUND STORAGE TANK FEE				
	UNDERGROUND STORAGE TANK SURCHARGE FEE				
	CA ACCIDENTAL RELEASE PREVENTION FEE				
	CA ACCIDENTAL RELEASE PREVENTION SURCHARGE				
	STATE SURCHARGE FEE		10.00		

DAVE MCGINNIS

NOV 19 1998

PAID

DEPARTMENT USE ONLY		
FEE PAID	<u>1095.00</u>	CHECK NUMBER <u>66570</u> REMARKS
PENALTY		DATED <u>11/23/98</u>
TOTAL PAID	<u>1095.00</u>	

**MAKE CHECKS PAYABLE TO THE
CITY OF SANTA FE SPRINGS**

TOTAL PAYMENT DUE 1,095.00

A _____ PENALTY WILL BE ASSESSED FOR "TOTAL FEE(S)" NOT RECEIVED BY 11-30-1998



City of Santa Fe Springs

FIRE DEPARTMENT

FIRE PROTECTION DIVISION • ENVIRONMENTAL PROTECTION DIVISION

11300 GREENSTONE AVENUE • SANTA FE SPRINGS, CA 90670-4019

(562) 944-9713 • FAX (562) 941-1817 • fire@santafesprings.org

CERTIFIED UNIFIED PROGRAM AGENCY ANNUAL FEES

TO:

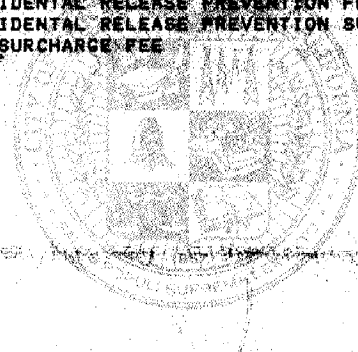
FOR FACILITY LOCATED AT:

STEVEN LABEL CORP

11926 BURKE

11926 BURKE

SANTA FE SPRINGS, CA 90670

ACCOUNT NUMBER	FEE PERIOD		DATE ISSUED	DATE DUE
00002415	FROM 07-01-1997	TO 06-30-1998	10-30-1997	12-01-1997
ACTIVITIES		PERMIT NUMBER	FEE	
HAZARDOUS MATERIALS FEE		STEV11926BUR	90.00	
HAZARDOUS MATERIALS VOLUME FEE		STEV11926BUR		
RAIN DIVERSION SYSTEM FEE				
INDUSTRIAL WASTE AND FIRE PERMIT FEE		00000799	110.50	
HAZARDOUS WASTE GENERATOR FEE		152780	564.00	
TIER PERMIT FEE				
UNDERGROUND STORAGE TANK FEE				
UNDERGROUND STORAGE TANK SURCHARGE FEE				
CA ACCIDENTAL RELEASE PREVENTION FEE				
CA ACCIDENTAL RELEASE PREVENTION SURCHARGE				
STATE SURCHARGE FEE			18.50	
				
DEPARTMENT USE ONLY				
FEE PAID	783.00	CHECK NUMBER	42983	REMARKS
PENALTY		DATED	11-18-97	
TOTAL PAID	783.00			
MAKE CHECKS PAYABLE TO THE CITY OF SANTA FE SPRINGS				
TOTAL PAYMENT DUE				783.00



11/21

OK [Signature]

A _____ PENALTY WILL BE ASSESSED FOR "TOTAL FEE(S)" NOT RECEIVED BY

12-01-1997

REMITTANCE COPY - RETURN WITH PAYMENT



**STEVEN
LABEL**

P.O. Box 3688

11926 Burke Street

Santa Fe Springs

California 90670-2508

(310) 698-9971

(714) 521-2045

FAX: (310) 698-1507

Santa Fe Springs fire Department
11300 Greenstone Ave.
Santa Fe Springs, CA 90670

3-24-97

Attn.: Raul Diaz

Re: Hazardous Material Business Plan

Dear Mr. Diaz,

Enclosed is the form required by your department. I have indicated that this location is exempt per the requirements described in your letter. Specifically, we do not handle "quantities equal to or greater than 500 pounds, 55 gallons or 200 cubic feet of any hazardous material handled on-site at any time during the year". I have filled out the appropriate section of the form you submitted to indicate this status. Please let us know if there is anything else you require or if there is a part of the regulation that we are misinterpreting.

Thanks for your help in this matter.

Sincerely,

Lane McGinnis
Director of Operations

CC: Steve Stong

ANNUAL FIRE DEPARTMENT FEES

FOR FACILITY LOCATED AT:

A 10%/MO PENALTY WILL BE ASSESSED FOR "TOTAL FEE(S)" NOT RECEIVED BY 02/26/97

REMITTANCE COPY - RETURN WITH PAYMENT

FIRE DEPARTMENT OF THE CITY OF SANTA FE SPRINGS

HEADQUARTERS FIRE STATION • (310) 944-8713 • FAX (310) 941-1817
11300 GREENSTONE AVE. • SANTA FE SPRINGS 90670-4618



1997 Annual Unified Program Certification


Dear Business Owner:

Chapter 6.95 of the California Health and Safety Code requires your Hazardous Materials Business Plan (HMBP) to be reviewed and updated annually. If you have made changes to the HMBP, or to your Industrial Waste or Uniform Fire Code permits, please check the "Changes Have Been Made" box below. The Fire Department will send you all of the appropriate forms necessary to update your status. If you have marked the box which indicates that no changes have been made, this form will serve as your 1997 official update.

This form must be signed and returned to the Fire Department by **February 26, 1997** along with the required annual fee as shown on the attached invoice.

CHECK THE APPROPRIATE BOX AND SIGN THE FORM BELOW.

- ☐ **CHANGES HAVE BEEN MADE** - Our facility has made changes to one or more of the following HMBP items or permit programs.
- ☐ **EMERGENCY CONTACTS** - These are the two main contacts that the Fire Department will use in the event of an emergency.
- ☐ **CHEMICAL INVENTORY** - The types and quantities of chemicals, hazardous liquids, solids, or compressed gases have been changed.
- ☐ **FACILITY PLOT PLAN** - A diagram of your facility which indicates the storage and use location of all the hazardous materials listed in the inventory.
- ☐ **UNIFORM FIRE CODE PERMIT** - Handling of materials or use of equipment that is hazardous to life or property.
- ☐ **INDUSTRIAL WASTE DISCHARGE PERMIT** - Required for discharges to the sewer.
- ☒ **OTHER** _____
- ☒ **NO CHANGES** - Our business has made no changes to the above listed programs. This form will serve as certification that our HMBP has been reviewed and is accurate, and no modifications have been made to our UFC and IW permits.

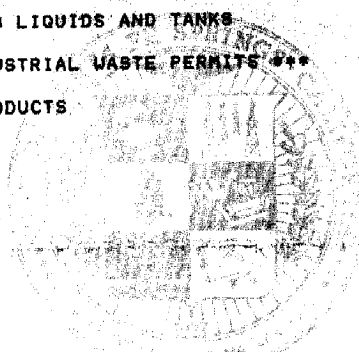
<u>STEVEN LABEL CORPORATION</u>		<u>11926 BURKE STREET</u>
Business Name		Address
	<u>1-28-97</u>	
Signature of Owner/Operator	Date	

TO AVOID A 10% PER MONTH PENALTY AND VIOLATION OF THE HEALTH AND
SAFETY CODE, PLEASE RETURN THIS FORM WITH PAYMENT BY
FEBRUARY 26, 1997.

SANTA FE SPRINGS FIRE DEPARTMENT
 FIRE AND ENVIRONMENTAL PROTECTION BUREAU
 11300 GREENSTONE AVE., SANTA FE SPRINGS, CA 90670
 (310) 944-9713

ANNUAL FIRE DEPARTMENT FEES

TO: **STEVEN LABEL CORP** **11926 BURKE** **FOR FACILITY LOCATED AT:**
11926 BURKE
SANTA FE SPRINGS CA 90670

ACCOUNT NUMBER		FEE PERIOD		DATE ISSUED	DATE DUE																								
00000799		FROM 01/01/96	TO 12/31/96	01/21/96	02/26/96																								
CODE	ACTIVITIES	PERMIT NUMBER	FEE																										
	*** HAZARDOUS MATERIALS BUSINESS PLAN ***																												
	NUMBER OF MATERIALS		180.00																										
	VOLUME OF MATERIALS																												
	ACUTELY HAZARDOUS MATERIALS																												
	*** FIRE PERMITS ***																												
PF.3	FLAM/COMB LIQUIDS AND TANKS																												
	*** INDUSTRIAL WASTE PERMITS ***																												
0146	PAPER PRODUCTS	13290	216.00																										
<div style="text-align: center;">  </div>																													
<table border="0" style="width: 100%;"> <tr> <td colspan="3">For Department Use Only</td> <td colspan="3"></td> </tr> <tr> <td>FEE PAID</td> <td>CHECK NUMBER</td> <td>REMARKS</td> <td colspan="3"></td> </tr> <tr> <td>PENALTY</td> <td>DATED</td> <td></td> <td colspan="3"></td> </tr> <tr> <td>TOTAL PAID</td> <td></td> <td></td> <td colspan="3"></td> </tr> </table>						For Department Use Only						FEE PAID	CHECK NUMBER	REMARKS				PENALTY	DATED					TOTAL PAID					
For Department Use Only																													
FEE PAID	CHECK NUMBER	REMARKS																											
PENALTY	DATED																												
TOTAL PAID																													
MAKE CHECKS PAYABLE TO THE CITY OF SANTA FE SPRINGS				TOTAL PAYMENT DUE 396.00																									

A 10%/MO PENALTY WILL BE ASSESSED FOR "TOTAL FEE(S)" NOT RECEIVED BY 02/26/96

REMITTANCE COPY - RETURN WITH PAYMENT

SANTA FE SPRINGS FIRE DEPARTMENT
 FIRE AND ENVIRONMENTAL PROTECTION DEPARTMENT
 11300 GREENSTONE AVE., SANTA FE SPRINGS, CA 90670
 (310) 944-9713

ANNUAL FIRE DEPARTMENT FEES

TO:

STEVEN LABEL CORP

11926

BURKE

FOR FACILITY LOCATED AT:

11926 BURKE

SANTA FE SPRINGS CA 90670

ACCOUNT NUMBER		FEE PERIOD		DATE ISSUED	DATE DUE
00000799		FROM 01/01/95	TO 12/31/95	01/23/95	02/27/95
CODE	ACTIVITIES	PERMIT NUMBER	FEE		
	*** HAZARDOUS MATERIALS BUSINESS PLAN ***				
	NUMBER OF MATERIALS		180.00		
	VOLUME OF MATERIALS				
	ACUTELY HAZARDOUS MATERIALS				
	*** FIRE PERMITS ***				
PF.3	FLAM/COMB LIQUIDS AND TANKS				
	*** INDUSTRIAL WASTE PERMITS ***				
0146	PAPER PRODUCTS	13290	213.00		

✓ OUR BUSINESS HAS MADE NO MODIFICATIONS TO OUR CURRENT HAZARDOUS MATERIALS BUSINESS PLAN.					
OUR BUSINESS HAS MADE MODIFICATIONS TO OUR CURRENT HAZARDOUS MATERIALS BUSINESS PLAN.					
SIGNATURE : <u>By: [Signature]</u> DATE : <u>1/24/95</u>					

For Department Use Only					
FEE PAID	<u>\$393.00</u>	CHECK NUMBER	<u>53945</u>	REMARKS	
PENALTY	<u>0</u>	DATED	<u>1-25-95</u>		
TOTAL PAID	<u>\$393.00</u>				
MAKE CHECKS PAYABLE TO THE CITY OF SANTA FE SPRINGS				TOTAL PAYMENT DUE 393.00	

PAID

A 10%/MO PENALTY WILL BE ASSESSED FOR "TOTAL FEE(S)" NOT RECEIVED BY 03/27/95

REMITTANCE COPY - RETURN WITH PAYMENT

**Santa Fe Springs Fire Department
Environmental Protection Division**

11300 Greenstone Ave., Santa Fe Springs, CA 90670
(310) 944-9713

DEC 30 REC'D

REPORTING YEAR: 1994

**HAZARDOUS MATERIALS BUSINESS PLAN
ANNUAL FEE AND REPORTING REQUIREMENTS**

TO: **STEV11926BURK
STEVEN LABEL CORP
P.O. BOX 3688
SANTA FE SPRINGS, CA 90670**

FOR FACILITY LOCATED AT:
11926 BURKE

Dear Business Owner:

The City of Santa Fe Springs requires all businesses that have filed a Business Plan to submit an annual fee used in maintaining this State mandated program. You are also required to indicate your facility's current status by checking one of the following boxes and signing on the appropriate line.

Providing inaccurate information or failure to comply with the provisions of Chapter 6.95 of the California Health and Safety Code may result in fines of up to \$2,000.00 for each day of violation.

PLEASE CHECK AND SIGN THE STATEMENT BELOW WHICH APPLIES TO YOUR BUSINESS.



Our business has had no changes or modifications to the current Hazardous Materials Business Plan Statement on file with your office.

Signature of Owner or Operator

Date



Our business has made modifications to our Hazardous Materials Business Plan Statement. The Santa Fe Springs Fire Department will be notified within thirty days of these changes.

Signature of Owner or Operator

Date

ANNUAL FEE:

Fee for Number of Materials

\$180.00

Fee for Volume of Materials

Fee for Acutely Hazardous Materials

Late Penalty (50%)

Amount Received

Total Due

\$180.00

FORM & FEE DUE BY:

02/07/94

A 50% PENALTY WILL BE
ASSESSED IF THE FORM AND FEE
ARE NOT RECEIVED BY THE
ABOVE DATE.

COMPLETE THIS FORM AND MAIL IT WITH YOUR PAYMENT TO THE FIRE DEPARTMENT ADDRESS SHOWN ABOVE. PLEASE MAKE CHECKS PAYABLE TO THE CITY OF SANTA FE SPRINGS.

The Santa Fe Springs Fire Department greatly appreciates the time and effort your business has dedicated to complying with these regulations. If we can be of any assistance, please contact the Environmental Protection Division of this office.

FOR DEPARTMENT USE ONLY

FEE PAID

\$180.00

CHECK NUMBER

51097

REMARKS

PENALTY

DATED

1-21-94

TOTAL PAID

\$180.00

PAYED

White copy to be returned to the Fire Department - Yellow copy to be retained by business

**Santa Fe Springs Fire Department
Environmental Protection Division**

11300 Greenstone Ave., Santa Fe Springs, CA 90670
(310) 944-9713

REPORTING YEAR: 1993

**HAZARDOUS MATERIALS BUSINESS PLAN
ANNUAL FEE AND REPORTING REQUIREMENTS**

TO: STEV11926BURK
STEVEN LABEL CORP
P O BOX 3688
SANTA FE SPRINGS CA 90670

FOR FACILITY LOCATED AT:
11926 BURKE

Dear Business Owner:

The City of Santa Fe Springs requires all businesses that have filed a Business Plan to submit an annual fee used in maintaining this State mandated program. You are also required to indicate your facility's current status by checking one of the following boxes and signing on the appropriate line.

Providing inaccurate information or failure to comply with the provisions of Chapter 6.95 of the California Health and Safety Code may result in fines of up to \$2,000.00 for each day of violation.

PLEASE CHECK AND SIGN THE STATEMENT BELOW WHICH APPLIES TO YOUR BUSINESS.



Our business has had no changes or modifications to the current Hazardous Materials Business Plan Statement on file with your office.

SSS
Signature of Owner or Operator

3/02/93
Date



Our business has made modifications to our Hazardous Materials Business Plan Statement. The Santa Fe Springs Fire Department will be notified within thirty days of these changes.

Signature of Owner or Operator

Date

ANNUAL FEE:

Fee for Number of Materials

\$180.00

Fee for Volume of Materials

Fee for Acutely Hazardous Materials

Late Penalty (50%)

\$90.00

Amount Received

0

Total Due

180.

\$270.00

FORM & FEE DUE BY:

03-12-93

A 50% PENALTY WILL BE
ASSESSED IF THE FORM AND FEE
ARE NOT RECEIVED BY THE
ABOVE DATE.

COMPLETE THIS FORM AND MAIL IT WITH YOUR PAYMENT TO THE FIRE DEPARTMENT ADDRESS SHOWN ABOVE. PLEASE MAKE CHECKS PAYABLE TO THE CITY OF SANTA FE SPRINGS.

The Santa Fe Springs Fire Department greatly appreciates the time and effort your business has dedicated to complying with these regulations. If we can be of any assistance, please contact the Environmental Protection Division of this office.

FOR DEPARTMENT USE ONLY

FEE PAID

180.-

CHECK NUMBER

48968

REMARKS

PENALTY

0-NONE

DATED

3-9-93

TOTAL PAID

180.-

White copy to be returned to the Fire Department - Yellow copy to be retained by business

RECEIVED

DEC 30 1991

SANTA FE SPRINGS FIRE DEPARTMENT
ENVIRONMENTAL PROTECTION DIVISION
11300 GREENSTONE AVENUE, SANTA FE SPRINGS, CA 90670
(310) 944-9713

Due Date: 2-3-92

HAZARDOUS MATERIAL BUSINESS PLAN FEE WORKSHEET

INSTRUCTIONS: Our records indicate that your facility disclosed the following number and quantity of hazardous materials. Changes to your existing disclosure must be made immediately and indicated on the Hazardous Materials Inventory Form as well as below. Failure to accurately disclose all hazardous materials is punishable by a \$2000.00/day fine. Please review the following worksheet for accuracy, fill in your check number in the bottom section, and return with your check and the updated Hazardous Materials Business Plan.

SECTION A

NUMBER OF HAZARDOUS MATERIALS	FEE	NUMBER OF HAZARDOUS MATERIALS	FEE	CALCULATED FEE
1	\$75.00	13 - 20	\$750.00	SECTION A TOTAL \$ 150.00
2 - 4	\$150.00	21 - 40	\$2,250.00	
5 - 8	\$300.00	41 and over	\$4,500.00	
9 - 12	\$450.00			

SECTION B

TOTAL LIQUID VOLUME (GALLONS)	TOTAL SOLID WEIGHT (LBS)	TOTAL GAS VOLUME (CU.FT.)	FEE	CALCULATED FEE
0 to 10,000	0 to 100,000	0 to 1,000,000	\$0.00	SECTION B TOTAL \$ 0.00
10,001 to 1,000,000	100,001 to 10,000,000	1,000,001 to 100,000,000	\$400.00	
1,000,001 and over	10,000,001 and over	100,000,001 and over	\$4,000.00	

SECTION C

MULTIPLY THE TOTAL NUMBER OF ACUTELY HAZARDOUS MATERIALS, (AHM'S), WHICH EXCEED TEN TIMES THEIR THRESHOLD PLANNING QUANTITIES, (TPQ'S), BY \$2,000.00

AHM'S x \$2,000.00 = SECTION C TOTAL

\$ - 0 -

SECTION D

ADD AMOUNTS FROM SECTION A, B AND C TOTALS; THEN MULTIPLY BY 22% OR .22 TO CALCULATE THE 22% SURCHARGE. (SECTION A + B + C) x (.22) = \$ 33.00

FINAL TOTAL = SECTION A + B + C + D

*Note: 50% late penalty applies if payment is not submitted by due date

(Please make checks payable to the City of Santa Fe Springs)

+ per 91.50 TOTAL
\$ 483.00

Company Name: STEVEN LABEL CORP

Site Address: 11926 BURKE

Check Number 46756 Date 3-21-92

274.50

SANTA FE SPRINGS FIRE DEPARTMENT

ENVIRONMENTAL PROTECTION DIV.
11300 GREENSTONE AVE., SANTA FE SPRINGS, CA 90670
(213) 944-9713

REPORTING YEAR 1991

HAZARDOUS MATERIALS DISCLOSURE PROGRAM ANNUAL FEE AND REPORTING REQUIREMENTS

TO:

FOR FACILITY LOCATED AT:

STEVI1926BURK
STEVEN LABEL CORP
P.O. BOX 3688
SANTA FE SPRINGS, CA 90670

11926 BURKE

Dear Business Owner:

As mandated by Chapter 6.95 of the CA Health and Safety Code, an annual update of your Hazardous Materials Disclosure Statement and the Annual Reporting Fee is required. The checked items under "Facility Status" indicate areas in which your disclosure requires updating or compliance. Also, indicate your facilities current status by checking one of the following boxes and sign. Return the completed white copy, payment, and any other additional updating, to the Santa Fe Springs Fire Department.

Providing inaccurate information or failure to comply with the provisions of Chapter 6.95 may result in fines of up to \$2,000.00 for each day of violation.

Please check and sign the item which applies to your business.

☒ Our business has had no changes or modifications to the current Hazardous Materials Disclosure Statement on file with your office.

Signature of Owner or Operator

Date

☐ Our business has made modifications to our Hazardous Materials Disclosure Statement. The Santa Fe Springs Fire Department will be notified within thirty days of these changes.

Signature of Owner or Operator

Date

RECEIVED

DEC 31 1990

STEVEN LABEL

FACILITY STATUS

- ☐ Hazardous Materials Disclosure Statement was not submitted or was incomplete.
- ☐ Facility plot plan was not submitted or was inadequate.
- ☐ Business Emergency Plan was not submitted or was insufficient.
- ☐ Hazardous Material Inventory sheet was not submitted or was inadequate.
- ☒ Annual Fee:

Number of Chemical/Fee

\$150.00

Volume of Chemical/Fee

\$33.00

Surcharge (22.00%)

Late Penalty (50%)

Amount Received

\$183.00

Total Due

FORM AND FEE REQUIRED BY:

02/04/91

A 50% PENALTY WILL BE
ASSESSED IF FORM AND FEE
NOT RECEIVED BY:

02/04/91

The Santa Fe Springs Fire Department greatly appreciates the time and effort your business has dedicated to complying with these regulations and if we can be of any assistance please contact the Environmental Protection Division of this office.

FOR DEPARTMENT USE ONLY

FEE PAID

150.-

CHECK NUMBER

44268

REMARKS

SURCHARGE

33.-

DATED

2-4-91

OK

PENALTY

TOTAL PAID

183.-

COMPLETE FORM AND MAIL WITH YOUR PAYMENT TO THE FIRE DEPARTMENT ADDRESS SHOWN ABOVE.
WHITE COPY TO BE RETURNED TO THE FIRE DEPARTMENT - YELLOW COPY TO BE RETAINED BY BUSINESS - PINK COPY, FIRE DEPARTMENT

SANTA FE SPRINGS FIRE DEPARTMENT
ENVIRONMENTAL PROTECTION DIVISION
 11300 GREENSTONE AVE., SANTA FE SPRINGS, CA 90670
 (213) 944-9713

HAZARDOUS MATERIALS DISCLOSURE PROGRAM ANNUAL FEE AND REPORTING REQUIREMENTS

TO:

STEVEN LABEL CORP
P.O. BOX 3688
SANTA FE SPRINGS, CA 90670

REPORTING YEAR 1990 FOR FACILITY LOCATED AT:

RECEIVED

JAN 8 - 1990

STEVEN LARE

11926 BURKE ST

11926 BURKE ST
pd \$ 305.00 ch# 42130
2/15/90

TO FIGURE YOUR FEE

FIRST, find the number of chemicals you have which must be disclosed and place the appropriate fee on **LINE A**

SECOND, find the total volume of material disclosed and place the appropriate fee on **LINE B**

THIRD, apply the surcharge percentage to sum of line A and line B and place calculated amount on **LINE C**

FOURTH, add lines A, B, and C and report the sum as the **TOTAL PAYMENT DUE**

FOURTH, add lines 7, 8, 9, and 10 to line 6.	NUMBER OF CHEMICALS	FEE	CALCULATED FEE DUE
Last year you were in this category			
1-4		150.00	
5-8		250.00	Number of Chemicals
9-12		350.00	LINE A <u>250.00</u>
13 +		450.00	
VOLUME OF CHEMICALS			
0 - 250,000 gallons		0.00	Volume of Chemicals
250,001 - 1,000,000 gallons		400.00	LINE B _____
1,000,001 + gallons		800.00	
SURCHARGE PERCENTAGE			
22%			Surcharge % of A + B
			LINE C <u>22%</u>

A 50% penalty will be assessed for all payments not received by

02/15/90

TOTAL PAYMENT DUE

(make checks payable to the City of Santa Fe Springs)

REPORTING REQUIREMENTS

The California Health and Safety Code requires that files be updated annually.

The checked boxes below indicate which updated information you must submit along with your payment.

<input checked="" type="checkbox"/>	Updated inventory form or letter certifying that no changes have been made. New inventory form.
<input type="checkbox"/>	Updated business plan (including chemicals, contact persons, plot plans etc.) or a letter certifying that the existing information is correct.
<input type="checkbox"/>	Updated RMPP (Risk Management and Prevention Program) or certified evidence that the existing RMPP is sufficient.

OTHER: Changes in State law make all previous forms obsolete.
Resubmit inventories on attached forms.

MAIL ALL INFORMATION AND YOUR PAYMENT TO THE FIRE DEPARTMENT ADDRESS SHOWN ABOVE.

WHITE COPY TO BE RETURNED TO THE FIRE DEPARTMENT - YELLOW COPY TO BE RETAINED BY CUSTOMER

SANTA FE SPRINGS FIRE DEPARTMENT
 ENVIRONMENTAL PROTECTION DIVISION
 11300 GREENSTONE AVE., SANTA FE SPRINGS, CA 90670
 (213) 944-9713

HAZARDOUS MATERIALS DISCLOSURE PROGRAM ANNUAL FEE AND REPORTING REQUIREMENTS

TO:

STEV11926BURK
STEVEN LABEL CORP
P.O. BOX 3688
SANTA FE SPRINGS, CA 90670

FOR FACILITY LOCATED AT:
11926 BURKE ST

FEE SCHEDULE

TO FIGURE YOUR FEE

- FIRST**, find the number of chemicals you have which must be disclosed and place the appropriate fee on **LINE A**
SECOND, find the total volume of material disclosed and place the appropriate fee on **LINE B**
THIRD, apply the surcharge percentage to sum of line A and line B and place calculated amount on **LINE C**
FOURTH, add lines A, B, and C and report the sum as the **TOTAL PAYMENT DUE**

Last year you were in this category	NUMBER OF CHEMICALS	FEE	CALCULATED FEE DUE
XX	1-4	75.00	Number of Chemicals LINE A <u>75</u>
	5-8	125.00	
	9-12	175.00	
	13 +	225.00	
XX	VOLUME OF CHEMICALS		Volume of Chemicals LINE B <u>0</u>
	0 - 250,000 gallons	0.00	
	250,001 - 1,000,000 gallons	200.00	
	1,000,001 + gallons	400.00	
	SURCHARGE PERCENTAGE		Surcharge % of A + B LINE C <u>16.50</u>
	22%		
A 50% penalty will be assessed for all payments not received by 02/01/89		TOTAL PAYMENT DUE	\$ 91.50
			(make checks payable to the City of Santa Fe Springs)

REPORTING REQUIREMENTS

The California Health and Safety Code requires that files be updated annually.
 The checked boxes below indicate which updated information you must submit along with your payment.

- ☐ Updated inventory form or letter certifying that no changes have been made.
- ☐ Updated business plan (including chemicals, contact persons, plot plans etc.) or a letter certifying that the existing information is correct.
- ☐ Updated RMPP (Risk Management and Prevention Program) or certified evidence that the existing RMPP is sufficient.

OTHER:

REPORTING YEAR 1989

MAIL ALL INFORMATION AND YOUR PAYMENT TO THE FIRE DEPARTMENT ADDRESS SHOWN ABOVE.

WHITE COPY TO BE RETURNED TO THE FIRE DEPARTMENT - YELLOW COPY TO BE RETAINED BY CUSTOMER

OK 5/2/5
pd. \$91.50
ck # 39513
1/6/89

3

SANTA FE SPRINGS FIRE DEPARTMENT
 ENVIRONMENTAL PROTECTION DIVISION
 11300 GREENSTONE AVE., SANTA FE SPRINGS, CA 90670
 (213) 944-9713

**HAZARDOUS MATERIALS DISCLOSURE PROGRAM
 ANNUAL FEE AND REPORTING REQUIREMENTS**

TO:

STEV11926BURK
 STEVEN LABEL CORP
 P.O. BOX 3688
 SANTA FE SPRINGS, CA 90670

FOR FACILITY LOCATED AT:

11926 BURKE ST
 Pd. 175.- + 38.50 = 213.50
 CD# 37650 3-21-88

TO FIGURE YOUR FEE

FIRST, find the number of chemicals you have which must be disclosed and place the appropriate fee on **LINE A**
SECOND, find the total volume of material disclosed and place the appropriate fee on **LINE B**
THIRD, apply the surcharge percentage to sum of line A and line B and place calculated amount on **LINE C**
FOURTH, add lines A, B, and C and report the sum as the **TOTAL PAYMENT DUE**

Last year you were in this category	NUMBER OF CHEMICALS	FEE	CALCULATED FEE DUE
	1-4	15.00	Number of Chemicals LINE A <u>175.00</u>
	5-8	125.00	
XX	9-12	175.00	
	13 +	225.00	
	VOLUME OF CHEMICALS		
	0 - 250,000 gallons	0.00	Volume of Chemicals LINE B <u>0</u>
XX	250,001 - 1,000,000 gallons	200.00	
	1,000,001 + gallons	400.00	
	SURCHARGE PERCENTAGE		
	22%		Surcharge % of A + B LINE C <u>38.50</u>
A 50% penalty will be assessed for late payments not received by 03/31/88		TOTAL PAYMENT DUE \$ <u>213.50</u> (make checks payable to the City of Santa Fe Springs)	

REPORTING REQUIREMENTS

The California Health and Safety Code requires that files be updated annually.
 The checked boxes below indicate which updated information you must submit along with your payment.



Updated inventory form or letter certifying that no changes have been made. NONE RECEIVED



Updated business plan (including chemicals, contact persons, plot plans etc.) or a letter certifying that the existing information is correct.



Updated RMPP (Risk Management and Prevention Program) or certified evidence that the existing RMPP is sufficient.

OTHER:

REPORTING YEAR 1988

MAIL ALL INFORMATION AND YOUR PAYMENT TO THE FIRE DEPARTMENT ADDRESS SHOWN ABOVE.

WHITE COPY TO BE RETURNED TO THE FIRE DEPARTMENT - YELLOW COPY TO BE RETAINED BY CUSTOMER

BUSINESS ACTIVITIES

I. FACILITY IDENTIFICATION

BUSINESS NAME (Same as Facility Name of DBA-Doing Business As)	3	BUSINESS ADDRESS	103
STEVEN LABEL CORP.		11926 BURKE ST.	

NOTE: If you check YES to any part of this list, please submit the Business Owner/Operator Identification page.

OFFICIAL USE ONLY	UP Form	HW	HM	ARP	AST	UST	TP	CUPA	PA
-------------------	---------	----	----	-----	-----	-----	----	------	----

UNIFIED PROGRAM CONSOLIDATED FORM
BUSINESS OWNER/OPERATOR IDENTIFICATION

☐ NEW BUSINESS ☐ OUT OF BUSINESS ☐ REVISE/UPDATE (EFFECTIVE / /) PAGE OF

I. IDENTIFICATION

FACILITY ID#	1 9 0 4 9	BEGINNING DATE	100	ENDING DATE	101
BUSINESS NAME	STEVEN LABEL CORP.		3	BUSINESS PHONE	(562) 698-9971
BUSINESS SITE ADDRESS	11926 BURKE ST.				
CITY	SANTA FE SPRINGS	104	CA	ZIP CODE	90670
DUN & BRADSTREET	02-860-5673	106	SIC CODE (4 digit #)	2799	107
COUNTY	LOS ANGELES	108	UNINCORPORATED	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	133a
BUSINESS OPERATOR NAME	LANE MCGINNIS	109	BUSINESS OPERATOR PHONE	X 102	110

II. BUSINESS OWNER

OWNER NAME	STEVE STONG	111	OWNER PHONE	(714) 846-4644	112
OWNER MAILING ADDRESS	3401 VENTURE DRIVE				
CITY	HUNTINGTON BEACH	114	STATE	CA	115
			ZIP CODE	92649	116

III. ENVIRONMENTAL CONTACT

CONTACT NAME	LANE MCGINNIS	117	CONTACT PHONE	(562) 698-9971 (X 102)	118
CONTACT MAILING ADDRESS	11926 BURKE ST.				
CITY	SANTA FE SPRINGS	120	STATE	CA	121
			ZIP CODE	90670	122

-PRIMARY-

IV. EMERGENCY CONTACTS

-SECONDARY-

NAME	LANE MCGINNIS	123	NAME	KEN KLEIN	126
TITLE	VP OF OPERATIONS	124	TITLE	DIRECTOR OF ENGINEERING	129
BUSINESS PHONE	(562) 698-9971 (X 102)	125	BUSINESS PHONE	(562) 698-9971 (X 135)	130
24-HOUR PHONE	SAME	128	24-HOUR PHONE	SAME	131
PAGER #		127	PAGER #		132

V. ADDITIONAL LOCALLY COLLECTED INFORMATION

DESCRIPTION OF BUSINESS	LABEL PRINTER	133b
-------------------------	---------------	------

MAILING/ BILLING INFORMATION

ADDRESS	PO BOX 3688	133a	CITY	SANTA FE SPRINGS	133b	STATE	CA	133f	ZIP CODE	90670	133g
---------	-------------	------	------	------------------	------	-------	----	------	----------	-------	------

Certification: Based on my inquiry of those individuals responsible for obtaining the information, I certify under penalty of law that I have personally examined and am familiar with the information submitted and believe the information is true, accurate, and complete.

SIGNATURE OF OWNER/OPERATOR OR DESIGNATED REPRESENTATIVE	DATE	134	NAME OF DOCUMENT PREPARER	135
LANE MCGINNIS	6-19-01		LANE MCGINNIS	
NAME OF SIGNER (print)	TITLE OF SIGNER	136		137
LANE MCGINNIS	VP OF OPERATIONS			

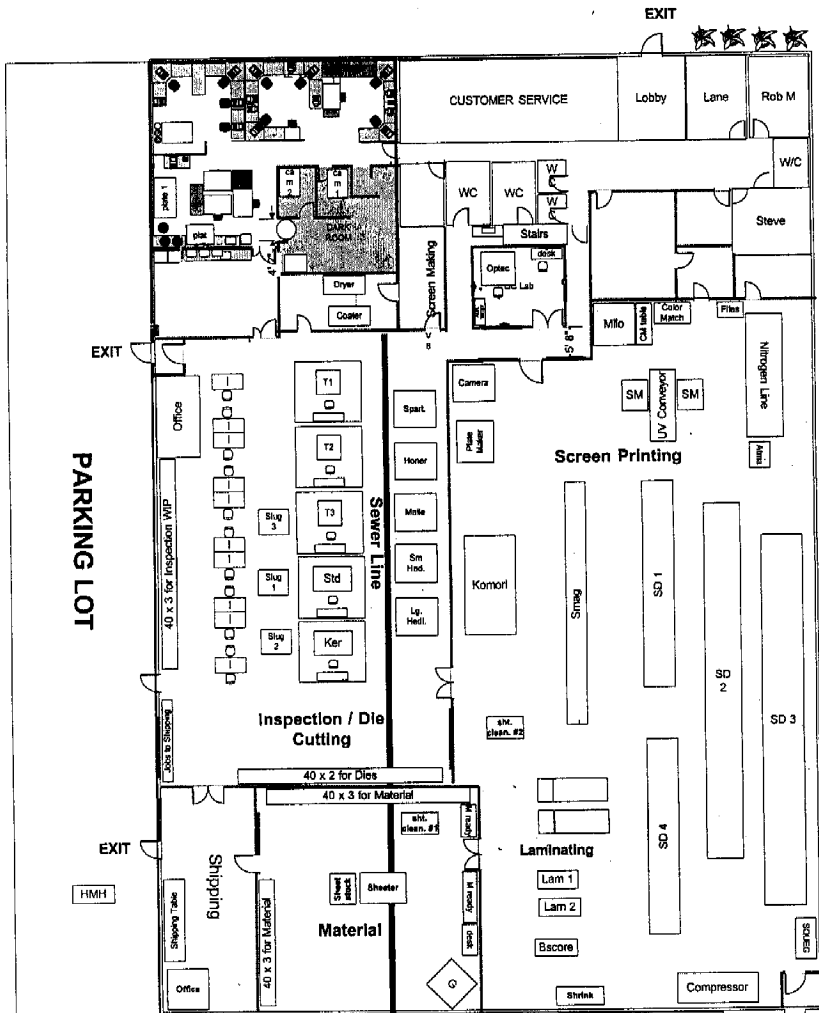
OFFICIAL USE ONLY	UP Form	HW	HM	ARP	AST	UST	TP	CUPA	PA
INSPECTOR	DISTRICT	DATE OF INSP.	DIVISION	BATTALION	STATION				

NORTH

BURKE STREET

CUI PROCESS SYSTEMS

THORCO, INC



STEVEN LABEL CORP.
11926 BURKE ST.
SANTA FE SPRINGS

LEGEND
SCALE: .05 INCHES = 1 FT.
DATE: 9-1-01

SOUTH

STORM DRAIN

UNIFIED PROGRAM CONSOLIDATED FORM HAZARDOUS MATERIALS INVENTORY - CHEMICAL DESCRIPTION

(one page per material per building or area)

☐ ADD ☐ DELETE ☒ REVISE REPORTING YEAR 200 Page of 3

I. FACILITY INFORMATION

BUSINESS NAME (Same as FACILITY NAME or DBA - Doing Business As)

STEVEN LABEL CORP.

CHEMICAL LOCATION

11926 BURKE ST.

201

CHEMICAL LOCATION CONFIDENTIAL (EPCRA) ☐ YES ☒ NO 202

FACILITY ID #

1

9

0

4

9

MAP# (optional)

203

GRID# (optional)

204

II. CHEMICAL INFORMATION

CHEMICAL NAME

SOLVENT BASED SCREEN PRINTING INK (SEE MSDS ATTACHED)

205

TRADE SECRET

☐ Yes

☒ No

206

COMMON NAME

SILVER SCREEN INK

207

EHS*

☐ Yes

☒ No

208

CAS#

SEE MSDS SHEET ATTACHED

208

*If EHS is "Yes", all amounts below must be in lbs.

FIRE CODE HAZARD CLASSES (Complete if required by CUPA)

HAZARDOUS MATERIAL TYPE (Check one item only)

☐ a. PURE

☒ b. MIXTURE

☐ c. WASTE

211

RADIOACTIVE

☐ Yes

☒ No

212

CURIES

213

PHYSICAL STATE (Check one item only)

☐ a. SOLID

☒ b. LIQUID

☐ c. GAS

214

LARGEST CONTAINER

1 GALLON

215

FED HAZARD CATEGORIES (Check all that apply)

☒ a. FIRE

☐ b. REACTIVE

☐ c. PRESSURE RELEASE

☐ d. ACUTE HEALTH

☐ e. CHRONIC HEALTH

216

AVERAGE DAILY AMOUNT

217

MAXIMUM DAILY AMOUNT

218

ANNUAL WASTE AMOUNT

219

STATE WASTE CODE

220

AVERAGE STORED

ON SITE = 447 GALLONS

981419344

UNITS* (Check one item only)

☒ a. GALLONS

☐ b. CUBIC FEET

☐ c. POUNDS

☐ d. TONS

221

DAYS ON SITE:

222

STORAGE CONTAINER

☐ a. ABOVE GROUND TANK

☐ b. UNDERGROUND TANK

☐ c. TANK INSIDE BUILDING

☐ d. STEEL DRUM

☐ e. PLASTIC/NONMETALLIC DRUM

☒ f. CAN

☐ g. CARBOY

☐ h. SILO

☐ i. FIBER DRUM

☐ j. BAG

☐ k. BOX

☐ l. CYLINDER

☐ m. GLASS BOTTLE

☐ n. PLASTIC BOTTLE

☐ o. TOTE BIN

☐ p. TANK WAGON

☐ q. RAIL CAR

☐ r. OTHER

223

STORAGE PRESSURE

☒ a. AMBIENT

☐ b. ABOVE AMBIENT

☐ c. BELOW AMBIENT

224

STORAGE TEMPERATURE

☒ a. AMBIENT

☐ b. ABOVE AMBIENT

☐ c. BELOW AMBIENT

☐ d. CRYOGENIC

225

%WT	HAZARDOUS COMPONENT (For mixture or waste only)	EHS	CAS #
1 15-25	ESTER	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	90438-79-2
2 25-35	4-ETHYLOHEXANONE	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	0008-94-1
3 10	PICASIC ESTER	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	(MIXTURE)
4 4-6	SOLVENT NAPHTHA. ARAM.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	64742-94-5
5 2-22	CARBON BLACK	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	7758-91-6

If more hazardous components are present at greater than 1% by weight if non-carcinogenic, or 0.1% by weight if carcinogenic, attach additional sheets of paper capturing the required information.

HOW IS MATERIAL USED (stored, welding, lubricant, etc.)

USED AS A PRINTING INK

If EPCRA, Please Sign Here

(Facilities reporting Chemicals subject to EPCRA reporting thresholds must sign each Chemical Description page for each EPCRA reported chemical.)

OFFICIAL USE ONLY			DATE RECEIVED			REVIEWED BY		
DIV	BN	STA	OTHER	DISTRICT	CUPA	PA		

UNIFORM PROGRAM CONSOLIDATED FORM HAZARDOUS MATERIALS INVENTORY - CHEMICAL DESCRIPTION

(one page per material per building or area)

☐ ADD

☐ DELETE

☒ REVISE

REPORTING YEAR

200

Page of

I. FACILITY INFORMATION

BUSINESS NAME (Same as FACILITY NAME or DBA - Doing Business As)

3

STEVEN LABEL CORP.

CHEMICAL LOCATION

201

CHEMICAL LOCATION CONFIDENTIAL (EPCRA)

☐ YES

☒ NO

202

11926 BURKE ST.

MAP# (optional)

203

GRID# (optional)

204

FACILITY ID #

1

9

0

4

9

II. CHEMICAL INFORMATION

CHEMICAL NAME

205

TRADE SECRET

☐ YES

☒ NO

206

If Subject to EPCRA, refer to instructions

COMMON NAME

207

EHS*

☐ YES

☒ NO

208

CAS#

SEE BELOW

209

*If EHS is "Yes", all amounts below must be in lbs.

210

FIRE CODE HAZARD CLASSES (Complete if required by CUPA)

HAZARDOUS MATERIAL TYPE (Check one item only)

☐ a. PURE

☒ b. MIXTURE

☐ c. WASTE

211

RADIOACTIVE

☐ YES

☒ NO

212

CURIES

213

PHYSICAL STATE (Check one item only)

☐ a. SOLID

☒ b. LIQUID

☐ c. GAS

214

LARGEST CONTAINER

1 GALLON

215

FED HAZARD CATEGORIES (Check all that apply)

☒ a. FIRE

☐ b. REACTIVE

☐ c. PRESSURE RELEASE

☐ d. ACUTE HEALTH

☐ e. CHRONIC HEALTH

216

AVERAGE DAILY AMOUNT

217

MAXIMUM DAILY AMOUNT

218

ANNUAL WASTE AMOUNT

219

STATE WASTE CODE

220

AVE. STORED ON SITE = 305 GALLONS

987419344

UNITS*

(Check one item only)

☒ a. GALLONS

☐ b. CUBIC FEET

☐ c. POUNDS

☐ d. TONS

* If EHS, amount must be in pounds.

221

DAYS ON SITE:

222

STORAGE CONTAINER

☐ a. ABOVE GROUND TANK

☐ b. UNDERGROUND TANK

☐ c. TANK INSIDE BUILDING

☐ d. STEEL DRUM

☐ e. PLASTIC/NONMETALLIC DRUM

☒ f. CAN

☐ g. CARBOY

☐ h. SILO

☐ i. FIBER DRUM

☐ j. BAG

☐ k. BOX

☐ l. CYLINDER

☐ m. GLASS BOTTLE

☐ n. PLASTIC BOTTLE

☐ o. TOTE BIN

☐ p. TANK WAGON

☐ q. RAIL CAR

☐ r. OTHER

223

STORAGE PRESSURE

☒ a. AMBIENT

☐ b. ABOVE AMBIENT

☐ c. BELOW AMBIENT

224

STORAGE TEMPERATURE

☒ a. AMBIENT

☐ b. ABOVE AMBIENT

☐ c. BELOW AMBIENT

☐ d. CRYOGENIC

225

%WT

HAZARDOUS COMPONENT (For mixture or waste only)

EHS

CAS #

1 20-55

ACRYLATED OLIGOMERS

227

☐ YES

☒ NO

228

PROPRIETARY

229

2 12-25

N-VINYL-2-PYRROLIDONE

231

☐ YES

☒ NO

232

88-12-0

233

3 8-20

ACRYLATED MONOMERS

235

☐ YES

☒ NO

236

PROPRIETARY

237

4

238

☐ YES

☐ NO

240

241

5

243

☐ YES

☐ NO

244

245

If more hazardous components are present at greater than 1% by weight if non-carcinogenic, or 0.1% by weight if carcinogenic, attach additional sheets of paper capturing the required information.

246

HOW IS MATERIAL USED (stored, welding, lubricant, etc.)

USED AS A PRINTING INK

If EPCRA, Please Sign Here

(Facilities reporting Chemicals subject to EPCRA reporting thresholds must sign each Chemical Description page for each EPCRA reported chemical.)

OFFICIAL USE ONLY			DATE RECEIVED			REVIEWED BY		
DIV	BN	STA	OTHER	DISTRICT	CUPA	PA		

UNIFIED PROGRAM CONSOLIDATED FORM HAZARDOUS MATERIALS INVENTORY – CHEMICAL DESCRIPTION

(one page per material per building or area)

☐ ADD☐ DELETE☒ REVISE

REPORTING YEAR

200

Page 1 of 3

I. FACILITY INFORMATION

BUSINESS NAME (Same as FACILITY NAME or DBA - Doing Business As)

3

CHEMICAL LOCATION

201

CHEMICAL LOCATION CONFIDENTIAL (EPCRA) ☐ YES ☒ NO

202

FACILITY ID #

Fire Dept use only

1

9

0

4

9

MAP# (optional)

203

GRID# (optional)

204

II. CHEMICAL INFORMATION

CHEMICAL NAME

205

TRADE SECRET ☐ Yes ☒ No

206

If Subject to EPCRA, refer to instructions

COMMON NAME

207

EHS* ☐ Yes ☒ No

208

CAS#

209

*If EHS is "Yes", all amounts below must be in lbs.

210

FIRE CODE HAZARD CLASSES (Complete if required by CUPA)

HAZARDOUS MATERIAL TYPE (Check one item only)

☐ a. PURE☐ b. MIXTURE☒ c. WASTE

211

RADIOACTIVE ☐ Yes ☒ No

212

CURIES

213

PHYSICAL STATE (Check one item only)

☐ a. SOLID☒ b. LIQUID☐ c. GAS

214

LARGEST CONTAINER

55 GAL.

215

FED HAZARD CATEGORIES (Check all that apply)

☒ a. FIRE☐ b. REACTIVE☐ c. PRESSURE RELEASE☐ d. ACUTE HEALTH☐ e. CHRONIC HEALTH

216

AVERAGE DAILY AMOUNT

217

MAXIMUM DAILY AMOUNT

218

ANNUAL WASTE AMOUNT

219

STATE WASTE CODE

220

20 GAL.

40 GAL.

200 GAL.

987419344

UNITS*

(Check one item only)

☒ a. GALLONS☐ b. CUBIC FEET☐ c. POUNDS☐ d. TONS

221

DAYS ON SITE:

222

* If EHS, amount must be in pounds.

60 (APPROX.)

STORAGE CONTAINER

☐ a. ABOVE GROUND TANK☐ b. UNDERGROUND TANK☐ c. TANK INSIDE BUILDING☐ d. STEEL DRUM☐ e. PLASTIC/NONMETALLIC DRUM☐ f. CAN☐ g. CARBOY☐ h. SILO☐ i. FIBER DRUM☐ j. BAG☐ k. BOX☐ l. CYLINDER☐ m. GLASS BOTTLE☐ n. PLASTIC BOTTLE☐ o. TOTE BIN☐ p. TANK WAGON☐ q. RAIL CAR☐ r. OTHER

223

STORAGE PRESSURE

☒ a. AMBIENT☐ b. ABOVE AMBIENT☐ c. BELOW AMBIENT

224

STORAGE TEMPERATURE

☒ a. AMBIENT☐ b. ABOVE AMBIENT☐ c. BELOW AMBIENT☐ d. CRYOGENIC

225

%WT

HAZARDOUS COMPONENT (For mixture or waste only)

EHS

CAS #

1 15-25 228

ESTER

227

☐ Yes ☒ No

228

90438-79-2

229

2 25-35 230

CYCLOHEXANONE

231

☐ Yes ☒ No

232

00108-94-1

233

3 10 234

DIBASIC ESTER 6

235

☐ Yes ☒ No

236

(MIXTURE)

237

4 4-6 238

SOLVENT NAPHTHA, ARAM.

239

☐ Yes ☒ No

240

64742-94-5

241

5 2-22 242

CARBON BLACK

243

☐ Yes ☒ No

244

7758-91-6

245

If more hazardous components are present at greater than 1% by weight if non-carcinogenic, or 0.1% by weight if carcinogenic, attach additional sheets of paper capturing the required information.

NFPA 704
Hazard Identification
System

246

Health

Fire

Reactivity

Specific hazard

How is material used? (stored, welding, lubricant, etc.)

247

If EPCRA, Please Sign Here

(Facilities reporting chemicals subject to EPCRA reporting thresholds must sign each Chemical Description page for each EPCRA reported chemical.)

OFFICIAL USE ONLY

DATE RECEIVED

REVIEWED BY

DIV

BN

STA

OTHER

DISTRICT

CUPA

PA

SFSFD UP FORM (1-16-01 Version)

THE CUPAS OF LOS ANGELES COUNTY

6

04_cd

UNIFIED PROGRAM CONSOLIDATED FORM HAZARDOUS MATERIALS INVENTORY - CHEMICAL DESCRIPTION

(one page per material per building or area)

☐ ADD

☐ DELETE

☒ REVISE

REPORTING YEAR

200

Page

of

I. FACILITY INFORMATION

BUSINESS NAME (Same as FACILITY NAME or DBA - Doing Business As)

3

CHEMICAL LOCATION

STEVEN LAGEL CORP.

201

CHEMICAL LOCATION CONFIDENTIAL (EPCRA)

☐ YES ☒ NO

202

FACILITY ID #

Fire Dept use only

1

9

0

4

9

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

MAP# (optional)

203

GRID# (optional)

204

II. CHEMICAL INFORMATION

CHEMICAL NAME

NO WHITE (N-HEPTYL ACETATE)

205

TRADE SECRET

☐ Yes ☒ No

206

If Subject to EPCRA, refer to instructions

COMMON NAME

PLATE MAKING WASTE

207

EHS*

☐ Yes ☒ No

208

CAS#

209

*If EHS is "Yes", all amounts below must be in lbs.

210

FIRE CODE HAZARD CLASSES (Complete if required by CUPA)

HAZARDOUS MATERIAL TYPE (Check one item only)

☐ a. PURE

☐ b. MIXTURE

☒ c. WASTE

211

RADIOACTIVE

☐ Yes ☒ No

212

CURIES

213

PHYSICAL STATE (Check one item only)

☐ a. SOLID

☒ b. LIQUID

☐ c. GAS

214

LARGEST CONTAINER

55 GAL DRUM

215

FED HAZARD CATEGORIES (Check all that apply)

☒ a. FIRE

☐ b. REACTIVE

☐ c. PRESSURE RELEASE

☐ d. ACUTE HEALTH

☐ e. CHRONIC HEALTH

216

AVERAGE DAILY AMOUNT

217

MAXIMUM DAILY AMOUNT

218

ANNUAL WASTE AMOUNT

219

STATE WASTE CODE

220

20 GAL.

55 GAL.

280 GAL.

OUTSIDE

UNITS* (Check one item only)

☒ a. GALLONS

☐ b. CUBIC FEET

☐ c. POUNDS

☐ d. TONS

221

DAYS ON SITE

222

STORAGE CONTAINER

☐ a. ABOVE GROUND TANK

☐ b. UNDERGROUND TANK

☐ c. TANK INSIDE BUILDING

☒ d. STEEL DRUM

☐ e. PLASTIC/NONMETALLIC DRUM

☐ f. CAN

☐ g. CARBOY

☐ h. SILO

☐ i. FIBER DRUM

☐ j. BAG

☐ k. BOX

☐ l. CYLINDER

☐ m. GLASS BOTTLE

☐ n. PLASTIC BOTTLE

☐ o. TOTE BIN

☐ p. TANK WAGON

223

STORAGE PRESSURE

☒ a. AMBIENT

☐ b. ABOVE AMBIENT

☐ c. BELOW AMBIENT

224

STORAGE TEMPERATURE

☒ a. AMBIENT

☐ b. ABOVE AMBIENT

☐ c. BELOW AMBIENT

☐ d. CRYOGENIC

225

%WT

HAZARDOUS COMPONENT (For mixture or waste only)

EHS

CAS #

1 100

226

N-HEPTYL ACETATE

227

☐ Yes ☒ No

228

229

2 230

230

231

☐ Yes ☐ No

232

233

3 234

234

235

☐ Yes ☐ No

236

237

4 238

238

239

☐ Yes ☐ No

240

241

5 242

242

243

☐ Yes ☐ No

244

245

If more hazardous components are present at greater than 1% by weight if non-carcinogenic, or 0.1% by weight if carcinogenic, attach additional sheets of paper capturing the required information.


 NFPA 704
Hazard Identification
System

246

Health

Fire

Reactivity

Specific hazard

How is material used? (stored, welding, lubricant, etc.)

247

If EPCRA, Please Sign Here

(Facilities reporting Chemicals subject to EPCRA reporting thresholds must sign each Chemical Description page for each EPCRA reported chemical.)

OFFICIAL USE ONLY

DATE RECEIVED

REVIEWED BY

DIV

BN

STA

OTHER

DISTRICT

CUPA

PA

SFSFD UP FORM (1-16-01 Version)

6

THE CUPAS OF LOS ANGELES COUNTY

04_cd

UNIFORM PROGRAM CONSOLIDATED FORM HAZARDOUS MATERIALS INVENTORY - CHEMICAL DESCRIPTION

(one page per material per building or area)

☐ ADD ☐ DELETE ☒ REVISE REPORTING YEAR 200 Page of

I. FACILITY INFORMATION

BUSINESS NAME (Same as FACILITY NAME or DBA - Doing Business As) STEVEN LABEL CORP.										3
CHEMICAL LOCATION 11926 BURKE ST.						201	CHEMICAL LOCATION CONFIDENTIAL (EPCRA) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			202
FACILITY ID # 1 9 0 4 9						1	MAP# (optional)			203
						203	GRID# (optional)			204

II. CHEMICAL INFORMATION

CHEMICAL NAME MULTI PURPOSE GLOSS INK						205	TRADE SECRET <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			206	
COMMON NAME SCREEN PRINTING INK						207	EHS* <input type="checkbox"/> Yes <input type="checkbox"/> No			208	
CAS# SEE BELOW						209	*If EHS is "Yes", all amounts below must be in lbs.			210	
FIRE CODE HAZARD CLASSES (Complete if required by CUPA)											211
HAZARDOUS MATERIAL TYPE (Check one item only) <input type="checkbox"/> a. PURE <input checked="" type="checkbox"/> b. MIXTURE <input type="checkbox"/> c. WASTE						211	RADIOACTIVE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			212	
PHYSICAL STATE (Check one item only) <input type="checkbox"/> a. SOLID <input checked="" type="checkbox"/> b. LIQUID <input type="checkbox"/> c. GAS						214	LARGEST CONTAINER 1 GAL.			215	
FED HAZARD CATEGORIES (Check all that apply) <input checked="" type="checkbox"/> a. FIRE <input type="checkbox"/> b. REACTIVE <input type="checkbox"/> c. PRESSURE RELEASE <input type="checkbox"/> d. ACUTE HEALTH <input type="checkbox"/> e. CHRONIC HEALTH											216
AVERAGE DAILY AMOUNT AVE STORED ON SITE = 51 GALLONS						217	MAXIMUM DAILY AMOUNT			218	
ANNUAL WASTE AMOUNT						219	STATE WASTE CODE 981419344			220	
UNITS* (Check one item only) <input checked="" type="checkbox"/> a. GALLONS <input type="checkbox"/> b. CUBIC FEET <input type="checkbox"/> c. POUNDS <input type="checkbox"/> d. TONS						221	DAYS ON SITE:			222	
STORAGE CONTAINER <input type="checkbox"/> a. ABOVE GROUND TANK <input checked="" type="checkbox"/> b. UNDERGROUND TANK <input type="checkbox"/> c. TANK INSIDE BUILDING <input type="checkbox"/> d. STEEL DRUM <input type="checkbox"/> e. PLASTIC/NONMETALLIC DRUM <input checked="" type="checkbox"/> f. CAN <input type="checkbox"/> g. CARBOY <input type="checkbox"/> h. SILO <input type="checkbox"/> i. FIBER DRUM <input type="checkbox"/> j. BAG <input type="checkbox"/> k. BOX <input type="checkbox"/> l. CYLINDER <input type="checkbox"/> m. GLASS BOTTLE <input type="checkbox"/> n. PLASTIC BOTTLE <input type="checkbox"/> o. TOTE BIN <input type="checkbox"/> p. TANK WAGON <input type="checkbox"/> q. RAIL CAR <input type="checkbox"/> r. OTHER											223
STORAGE PRESSURE <input checked="" type="checkbox"/> a. AMBIENT <input type="checkbox"/> b. ABOVE AMBIENT <input type="checkbox"/> c. BELOW AMBIENT						224				225	
STORAGE TEMPERATURE <input checked="" type="checkbox"/> a. AMBIENT <input type="checkbox"/> b. ABOVE AMBIENT <input type="checkbox"/> c. BELOW AMBIENT <input type="checkbox"/> d. CRYOGENIC						225				226	

If more hazardous components are present at greater than 1% by weight if non-carcinogenic, or 0.1% by weight if carcinogenic, attach additional sheets of paper capturing the required information.

HOW IS MATERIAL USED (stored, welding, lubricant, etc.)

SCREEN PRINTING INK

If EPCRA, Please Sign Here
(Facilities reporting Chemicals subject to EPCRA reporting thresholds must sign each Chemical Description page for each EPCRA reported chemical.)

OFFICIAL USE ONLY			DATE RECEIVED			REVIEWED BY		
DIV	BN	STA	OTHER	DISTRICT	CUPA	PA		

UNIFORM PROGRAM CONSOLIDATED FORM HAZARDOUS MATERIALS INVENTORY - CHEMICAL DESCRIPTION

(one page per material per building or area)

☐ ADD ☐ DELETE ☒ REVISE REPORTING YEAR 200 Page 1 of 1

I. FACILITY INFORMATION

BUSINESS NAME (Same as FACILITY NAME or DBA - Doing Business As)										3
CHEMICAL LOCATION 11926 BURKE ST.										201
CHEMICAL LOCATION CONFIDENTIAL (EPCRA) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO										202
FACILITY ID # 1 9 0 4 9										203
MAP# (optional)										204
GRID# (optional)										204

II. CHEMICAL INFORMATION

CHEMICAL NAME LPS SCREEN WASH AG										205
TRADE SECRET <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No										206
COMMON NAME SCREEN WASH-UP SOLUTION										207
EHS* <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No										208
CAS#										209
*If EHS is "Yes", all amounts below must be in lbs.										210
FIRE CODE HAZARD CLASSES (Complete if required by CUPA)										211
HAZARDOUS MATERIAL TYPE (Check one item only) <input type="checkbox"/> a. PURE <input type="checkbox"/> b. MIXTURE <input checked="" type="checkbox"/> c. WASTE										212
RADIOACTIVE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No										213
CURIES										214
PHYSICAL STATE (Check one item only) <input type="checkbox"/> a. SOLID <input checked="" type="checkbox"/> b. LIQUID <input type="checkbox"/> c. GAS										215
LARGEST CONTAINER 10 GALLONS										216
FED HAZARD CATEGORIES (Check all that apply) <input checked="" type="checkbox"/> a. FIRE <input type="checkbox"/> b. REACTIVE <input type="checkbox"/> c. PRESSURE RELEASE <input type="checkbox"/> d. ACUTE HEALTH <input type="checkbox"/> e. CHRONIC HEALTH										217
AVERAGE DAILY AMOUNT 5 GAL										218
MAXIMUM DAILY AMOUNT 10 GAL										219
ANNUAL WASTE AMOUNT										220
STATE WASTE CODE 981419344										221
DAYS ON SITE										222
UNITS* <input checked="" type="checkbox"/> a. GALLONS <input type="checkbox"/> b. CUBIC FEET <input type="checkbox"/> c. POUNDS <input type="checkbox"/> d. TONS										223
* If EHS, amount must be in pounds.										224
STORAGE CONTAINER <input type="checkbox"/> a. ABOVE GROUND TANK <input type="checkbox"/> b. UNDERGROUND TANK <input type="checkbox"/> c. TANK INSIDE BUILDING <input type="checkbox"/> d. STEEL DRUM <input type="checkbox"/> e. PLASTIC/NONMETALLIC DRUM <input type="checkbox"/> f. CAN <input type="checkbox"/> g. CARBOY <input type="checkbox"/> h. SILO <input type="checkbox"/> i. FIBER DRUM <input type="checkbox"/> j. BAG <input type="checkbox"/> k. BOX <input type="checkbox"/> l. CYLINDER <input type="checkbox"/> m. GLASS BOTTLE <input type="checkbox"/> n. PLASTIC BOTTLE <input type="checkbox"/> o. TOTE BIN <input type="checkbox"/> p. TANK WAGON <input type="checkbox"/> q. RAIL CAR <input type="checkbox"/> r. OTHER										225
STORAGE PRESSURE <input checked="" type="checkbox"/> a. AMBIENT <input type="checkbox"/> b. ABOVE AMBIENT <input type="checkbox"/> c. BELOW AMBIENT										226
STORAGE TEMPERATURE <input checked="" type="checkbox"/> a. AMBIENT <input type="checkbox"/> b. ABOVE AMBIENT <input type="checkbox"/> c. BELOW AMBIENT <input type="checkbox"/> d. CRYOGENIC										227

#	%WT	HAZARDOUS COMPONENT (For mixture or waste only)	EHS	CAS #	#
1	1%	NARHTALENE	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	REG. NO.	229
2			<input type="checkbox"/> Yes <input type="checkbox"/> No		233
3			<input type="checkbox"/> Yes <input type="checkbox"/> No		237
4			<input type="checkbox"/> Yes <input type="checkbox"/> No		241
5			<input type="checkbox"/> Yes <input type="checkbox"/> No		245

If more hazardous components are present at greater than 1% by weight if non-carcinogenic, or 0.1% by weight if carcinogenic, attach additional sheets of paper capturing the required information.

HOW IS MATERIAL USED (stored, welding, lubricant, etc.)

SCREEN WASH-UP SOLUTION

If EPCRA, Please Sign Here
(Facilities reporting Chemicals subject to EPCRA reporting thresholds must sign each Chemical Description page for each EPCRA reported chemical.)

OFFICIAL USE ONLY			DATE RECEIVED			REVIEWED BY		
DIV	BN	STA	OTHER	DISTRICT	CUPA	PA		

PERMIT FOR INDUSTRIAL WASTEWATER DISCHARGE
COUNTY SANITATION DISTRICTS OF LOS ANGELES COUNTY
1955 Workman Mill Road / Whittier, CA
Mailing Address: P.O. Box 4998 / Whittier, California 90607-4998
Charles W. Carry, Chief Engineer and General Manager
(213) 699-7411

PERMIT NO.

13290

01 CHECK ONE: New Sewer Connection ☐ Existing Sewer Connection ☒

02 Applicant STEVEN LABEL CORP. (Legal Company Name)

03 Check one and fill in appropriate information

☒ Corporation

Name STEVEN LABEL

Year Incorporated 1954

State of Incorporation CA.

ID# 95-2649735

☐ Partnership

Name

Partners

☐ Sole Proprietor

Name

Business Names

04 Company Address 11926 BURKE ST. SANTA FE SPRINGS CA. 90670
(Street) (City) (State) (Zip)

05 Mailing Address P.O. BOX 3688 SANTA FE SPRINGS CA. 90670
(Street) (City) (State) (Zip)

06 Point of Discharge SADOLF CONNECTION TO CITY OF SANTA FE SPRINGS IS' SEWER

07 Number of years applicant has been in business at present location 15
(yrs) (months)

08 Name of Property Owner SIM STEVEN GARY STEVEN

Address of Property Owner 2405 RIO BRANCA HACIENDA HEIGHTS 91754
(Street) (City) (Zip)

(Telephone Number)

09 Assessors Map Book No. 8168 Page No. 024 Parcel No. 012

10 Type of Industry LABEL MANUFACTURER (General Description) 2751 (Federal SIC No.)

11 Number of Employees (Full Time) 71 (Part Time) 0

12 Raw Materials Used INKS - FLYO, ROTARY AND SILK SCREEN WATER BASE
(General Description - Add Additional Sheets as Needed)

APPROX. 1 GAL. SILK SCREEN / 1 GAL. FLYO / 2 ROTARY
(Daily Amount Used)

13 Products Produced PRESSURE SENSITIVE LABELS, PANELS, OVERLAYS
(General Description - Add Additional Sheets as Needed)

VARIOUS

(Daily Amount Produced)

14 Wastewater Producing Operations PHOTOGRAPHIC LAB, SCREEN WASHING, WATER WASH
PLATE MATERIAL
(Full Description - Add Additional Sheets as Needed)

15 Time of Discharge 5 AM/PM to 4 AM/PM, Days per Week MON-FRI Sa Su
(Working Day - Circle AM or PM) (Circle Days)

16 Wastewater Flow Rate 877 Gallons per Day 1.3 Gallons per Minute
(Average) (Peak)

17 Constituents of Wastewater Discharge WATER BASE INKS AND EMULSIONS, PHOTOGRAPHIC
FIXER AND DEVELOPER, WATER WASH PLATE MATERIAL (LAB REPORT ON FILE)
(General Description - Attach Chemical Analysis Results to the Application)

18 Person in company responsible for industrial wastewater discharge

LANE MCGINNIS (Name) DIRECTOR OF OPERATIONS (Position) (310) 698-9971 (Telephone Number)

I affirm that all information furnished is true and correct and that the applicant will comply with the conditions stated on the back of this permit form.

Date 1-21, 19 93

19 Signature for Applicant Lane McGinnis (Name) DIRECTOR OF OPERATIONS (Position)

20 Approved by City or County Official

Date MAY 10, 1993

For L.A. County Dept. of Public Works... ☐

City of SANTA FE SPRINGS

Name L. P. Chittler

Position FREE MASTER

Approved by Sanitation Districts of Los Angeles County

Date 10-29-93

Charles W. Carry, Chief Engineer & General Manager

By John Kilian

Position SUPERVISING CIVIL ENGINEER

Note: Please submit application first to the applicable City or County agency in which the point of discharge is located. Please contact the local agency for the required permit processing fee.

(Continued on next page)

Z 02311

PERMIT FOR INDUSTRIAL WASTEWATER DISCHARGE
SANITATION DISTRICTS OF LOS ANGELES COUNTY

1955 Workman Mill Road / Whittier, CA 90607
Mailing Address: / P.O. Box 4998, Whittier, California 90607

WALTER E. GARRISON

Santa Fe Springs

, Calif.*

NO.

DAY

MO.

YEAR

5256R

01

APPLICATION IS HEREBY MADE BY

STEVEN LABEL CORP.

03 (Mailing Address) 11926 E. Burke Street (STREET) Santa Fe Springs CA 90670 (CITY) (STATE) (ZIP)

07 (OWNER, TENANT, ETC.) Tenant of the property located at:

09 (Street) 11926 E. Burke Street (City) Santa Fe Springs (Zip) CA 90670 (ADDRESS OF PROPERTY PRODUCING WASTEWATER DISCHARGE)

Assessors Map Book No. 8168 Page No.* 024 Parcel No.* 012 (LEGAL ADDRESS OF PROPERTY PRODUCING WASTEWATER DISCHARGE)

Saddle Connection to City of Santa Fe Springs, 15" Sewer in Easement at rear of Building

for a Permit for Industrial Wastewater Discharge to the sewerage system.

13 Type of Industry* Label Manufacturing (GENERAL DESCRIPTION) M. 17 2751 (FEDERAL SIC NOS.)

19 Number of Employees (Full Time)* 53 (Part Time)* 2

21 Raw Materials Used* Paper, Plastic Films, Adhesive Coated Paper, and Film (GENERAL DESCRIPTION - ADD ADDITIONAL SHEETS AS NEEDED)

Products Produced Labels, Nameplates, and Decals on Paper Film or Metal (GENERAL DESCRIPTION - ADD ADDITIONAL SHEETS AS NEEDED)

Wastewater Producing Operations Photographic Laboratory, Silk Screen Process, and Flexigraphic Plate Preparation. (FULL DESCRIPTION - ADD ADDITIONAL SHEETS AS NEEDED)

31 Time of Discharge - * 8:00 AM/PM to 4:30 AM/PM, Days per Week* (M) (T) (W) (Th) (F) Sa Su (WORKING DAY - CROSS OUT AM OR PM) (CIRCLE DAYS)

* Wastewater Flow Rate* 2200 AA (Gallons Per Day)

Constituents of Wastewater Discharge Silver Bromide, Developer Fixer and Detergents

(GENERAL DESCRIPTION - ATTACH CHEMICAL ANALYSES RESULTS TO THIS APPLICATION)

*Exact Location Not Available From City of Santa Fe Springs

Person in company responsible for industrial wastewater discharge:

41 James O. Steven. President 698-9971 (PRINT) (NAME) (POSITION) (TELEPHONE NUMBER)

I affirm that all information furnished is true and correct and that the applicant will comply with the conditions stated on the back of this permit form.

Date 11-10, 1978

Signature for Applicant James O. Steven. President (COMPANY ADMINISTRATIVE OFFICIAL) (NAME) (POSITION)

Approved by City or County Official

Date 1-11-79 I.No. 1725-1H

For Dept. of County Engineers Santa Fe Springs

Name D. Edmondson

Position Supv CE II

Approved by Sanitation Districts of Los Angeles County
Date May 22, 1979
WALTER E. GARRISON
Chief Engineer and General Manager

by Alfredo C. Reyes
Position Plan Eval. Engr.

Note: A permit fee may be required by the local City or County Agency.
This form when properly signed shall be a valid permit unless suspended or revoked.

RETURN THIS COPY TO APPLICANT WHEN APPROVED

APPLICATION NO.

C 36430

EXISTING INDUSTRY

PERMIT NO.

5256

PERMIT FOR INDUSTRIAL WASTEWATER DISCHARGE
SANITATION DISTRICTS OF LOS ANGELES COUNTY~~2020 Beverly Blvd., Los Angeles, Calif. 90057~~COUNTY SANITATION DISTRICTS
OF LOS ANGELES COUNTY

John D. Parkhurst, Chief Engineer and General Manager

1955 WORKMAN MILL ROAD

P. O. BOX 4998

WHITTIER, CALIFORNIA 90607

LOS ANGELES

Calif. NOV 29 1976

I-1725-1H

APPLICATION IS HEREBY MADE BY

STEVEN LARBE CORP

03 (Mailing Address)

11926 E. BURKE ST

SANTA FE SPRINGS CA, 90670

07

TENANT
(OWNER, TENANT, ETC.)

09 (Street)

11926 E. BURKE ST

SANTA FE SPRINGS CA, 90670

Assessors Map Book No.

E168

Page No.*

C64

Parcel No.*

012

DISCHARGE TO 15" PUBLIC SEWER IN REAR

for a Permit for Industrial Wastewater Discharge to the sewerage system.

13 Type of Industry*

LABEL MANUFACTURING

M, 17

2751

(FEDERAL SIC NOS.)

19 Number of Employees (Full Time)*

30

(Part Time)* 1

21 Raw Materials Used*

PAPER, PLASTIC FILMS, ADHESIVE COATED PAPER & FILMS

Products Produced

LABELS, NAMEPLATES & DECALS ON PAPER, FILM OR METAL

Wastewater Producing Operations

PHOTOGRAPHY LABORATORY

31 Time of Discharge - *

8:00 AM/PM to 4:30 AM/PM,
(WORKING DAY - CROSS OUT AM OR PM)

Days per Week*

MTWTFSSa Su
(CIRCLE DAYS)

* Wastewater Flow Rate*

4230

AA (Gallons Per Day)

Constituents of Wastewater Discharge

Silver Bicromide, DEVELOPER & FIXER

(GENERAL DESCRIPTION - ATTACH CHEMICAL ANALYSES RESULTS TO THIS APPLICATION)

Person in company responsible for industrial wastewater discharge:

41

JAMES C. STEVEN

PRESIDENT LARBE CORP. 9991

PRINT

(NAME)

(POSITION)

(TELEPHONE NUMBER)

I affirm that all information furnished is true and correct and that the applicant will comply with the conditions stated on the back of this permit form.

Date

Nov. 29, 1976

Signature for Applicant

(COMPANY ADMINISTRATIVE OFFICIAL)

(NAME)

Approved by City or County Official

Date

11/29/76

For Dept. of County Engineers

☐

City of

Santa Fe Springs

Name

James C. Steven

Position

Asst. C. E. II

Approved by Sanitation Districts of Los Angeles County

Date

Dec. 1, 1976

John D. Parkhurst, Chief Engineer and General Manager

by

Alfredo C. Reyes

Position

Plan Eval. Engr.

e: A permit fee may be required by the local City or County Agency.

This form when properly signed shall be a valid permit unless suspended or revoked.

TURN THIS COPY TO COUNTY ENGINEER APPROVED